DOCUMENT RESUME

ED 154 975 RC 010 546

TITLE Indian Health Service Training Center, Training Course TC-72-2 (April 17-May 5, 1972): Pueblo de Santa Clara - A Description of the Perceived Health Needs of the People of Santa Clara Pueblo and the Management Processes Involved in the Delivery of Health Services to Them.

INSTITUTION Public Health Service (DHEW), Washington, D.C. Div. of Indian Health.

PUB DATE 17 Apr 72

NOTE 98p.; Not available in hard copy due to marginal reproducibility of orginial

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.

DESCRIPTORS *American Indians; Community Attitudes; Community Health Services; *Delivery Systems; Diseases; Family Health; *Health Needs; Health Personnel; *Health Services; *Management; Organization; Organizational Communication; Personnel Management; Program Administration; Questionnaires; Referral; Reservations (Indian); Tribes

IDENTIFIERS New Mexico (Santa Clara); *Pueblos (Tribe)

ABSTRACT

Members of the Health Services Management class conducted a descriptive study of the perceived health problems of the people of Santa Clara Pueblo and the management processes involved in the delivery of health services to them. Data were obtained from personal interviews with 38 Tribal members, 9 officals, 6 employees working primarily in the health delivery field; 15 Service Unit employees; and 1 Health Board member. Information was also obtained from analyses of contracts between the Tribe and other Federal agencies, and of position descriptions and organizational charts of the Service Unit. Findings included: in the delivery of health services, the majority of those interviewed stated that the physician was the key resource; Tribal members were concerned about lack of personnel and lack of permanent personnel; consumers felt they had little influence on the health care system; all groups mentioned alcoholism and chronic diseases as important problems; as a primary resource, the use of the Community Health Representative was perceived differently by Service Unit personnel than by the other groups; transportation was most frequently mentioned by all groups as the least important health service; sanitation was most frequently mentioned as the most satisfactory health service; Tribal members indicated that emergency care, personnel, and facilities were the most important health services; Service Unit personnel identified health education and preventive medicine as the two most important health services. (NQ)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

Rabiaw

ED154975

INDIAN HEALTH SERVICE TRAINING CENTER

TRAINING COURSE TC-72-2

April 17-May 5, 1972

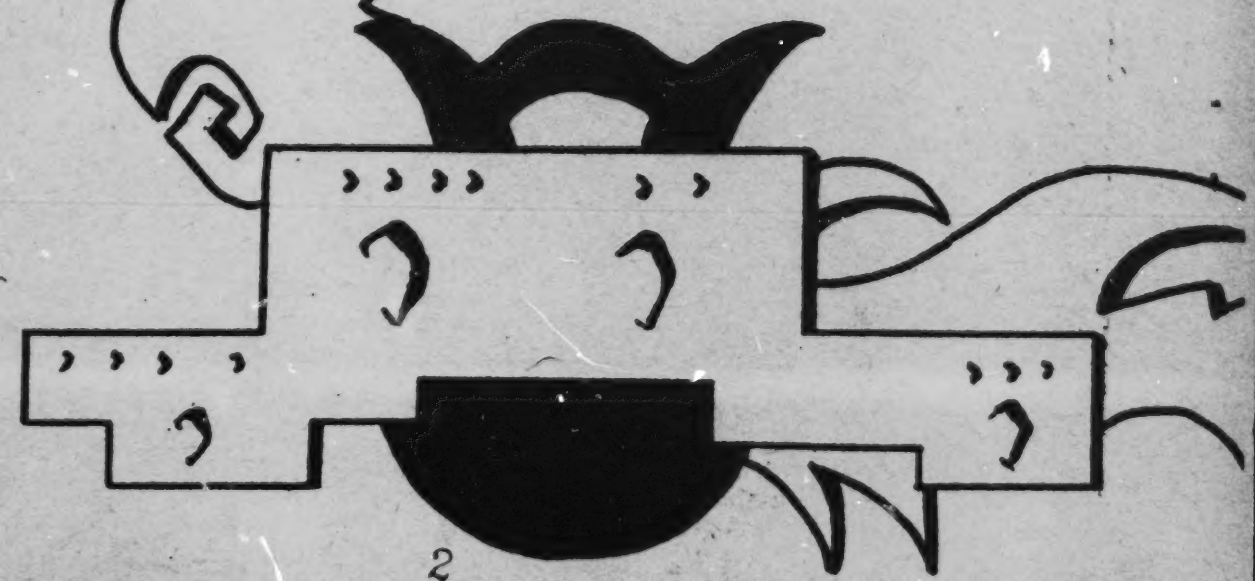
PUEBCO DE SANTA CLARA

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

A description of the perceived health needs of the people of Santa Clara Pueblo and the management processes involved in the delivery of health services to them.

HPSC LIBRARY COPY



RC01 05546

I. EXPLANATION OF THE COVER

The design for this cover is a combination of symbols found on the Great Seal of the Santa Clara Tribe and the recurrent serpent symbol used on the famous Santa Clara carved pottery.

Here the serpent is shown in a circle with his own tail in his mouth. Only a portion of the circle is visible on the cover. The interpretation we received for this is that it represents water and life.

A stylized impression of the Puye Cliff Dwellings is superimposed over a representation of a black pottery wedding jar. These are two resources for which Santa Clara is well known.

The lettering for Pueblo de Santa Clara is in the style used on the tribal stationery.

Cover Design By

Gary Lounsberry

II. TABLE OF CONTENT

		Page
I.	Cover Explanation	i
II.	Table of Content	ii
III.	Preface	iv
IV.	Objective	v
V.	Acknowledgment	vi
VI.	Background Information	1
VII.	Definition of Terms	3
VIII.	Study Design and Methodology	4
	A. Information Sources	4
	B. Interview Sample	4
	1. Tribal Members	5
	2. Tribal Employees	6
	3. Tribal Officials	6
	4. Service Unit Employees	6
	5. Health Board Members	6
	C. Form Content	6
	D. Pre-testing	6
IX.	Results	7
	A. Management Processes	7
	1. Introduction	7
	2. Statutory Organization	7
	a. Organization Charts	8
	b. Job Description Analyses	11
	3. Operational Relationships	19
	a. Introduction	19
	b. Patient Referrals	19
	c. Complaint and Idea Transmission	23
	d. Operational Chain of Command	27
	e. Sources of Help with Job Problems	31
	4. Evaluation Mechanism	33
	a. Personnel Evaluation	33
	b. Program Evaluation	35
	5. Program Evolution	36
	a. Introduction	36
	b. Influence on Health Programs	36
	c. Initiation of Changes	37
	d. Barriers to Program Operation	38
	B. Perceived Health Problems	40
	1. Introduction	40
	2. Perceived Family Health Problems	40
	a. List of Problems	40
	b. Persons Who Help with Family Health Problems	41
	c. Explanation of Disease and Treatment to Patients	42
	3. Perceived Community Health Problems	42
	a. List of Problems	44
	b. Persons Who Help with Community Health Problems	47
	4. Perception of Community Sentiment	50
	5. Perception of Intra-staff Consensus	50

II. TABLE OF CONTENT

Page

B. Perceived Health Problems (cont.)

6. Health Services Rating 51
7. Priority Rating of Santa Clara's Needs 55
8. Summary 56

X. Findings 57
XI. Conclusions 59
XII. Appendix
A. Trainee Roster
B. Staff Roster
C. Questionnaire
D. Post Coding Form

III. PREFACE

The Health Services Management Training Course (TC-72-2) was designed to instruct an interdisciplinary group of Indian Health Service professionals in the principles and practices of Health Services Management. The three-week course is sponsored by Desert Willow Training Center in Tucson, Arizona. The April, 1972, class of 19 health professionals included physicians, nurses, pharmacists, social workers, a service unit director, an administrative officer, a health educator, and a sanitarian. (Roster of trainees shown in Appendix A).

The first week of this training course consisted of lectures and discussions led by specialists in systems design, communications, data processing, anthropology, management, high-risk programming, allied health profession training programs and field study design and evaluation. These instructors gave the class a background in the theories of the management process and the methodology of field study design. (Roster of course staff shown in Appendix B).

The second week was spent in the Santa Fe Service Unit at the Santa Clara Pueblo located near Espanola, New Mexico. The Governor of the Santa Clara Tribe, Tribal health workers, Service Unit administrators and Service Unit staff introduced the class to some of the health concerns of the Santa Clara people. On the basis of this information, the class developed a project consistent with the resources available and the management training that could be derived.

During the third week, the class was at Desert Willow Training Center to analyze the data obtained, display it in a logical format, and draw appropriate conclusions. Based on this study, class recommendations were formulated. The study was presented to a Board of Review for consideration of the study results and recommendations.

IV. OBJECTIVE

After an orientation to the health concerns of the Santa Clara Pueblo by the Governor of the Santa Clara Tribe, Tribal health workers, Service Unit administrators and Service Unit staff and keeping in mind that the primary purpose of the study was to introduce the class to the principles of health services management, we decided on the following project objective:

> To describe the perceived health problems of the people of Santa Clara Pueblo and the management processes involved in the delivery of health services to them.

V. ACKNOWLEDGMENTS

The members of the Health Services Management Class (TC-72-2), Desert Willow Training Center, Tucson, Arizona, express their appreciation and gratitude to the people of the Santa Clara Pueblo for their excellent cooperation, assistance, and hospitality while conducting this project. The members especially wish to thank the following individuals for their invaluable assistance:

Paul Tafoya	Governor
W. McArthur Baca	Administrative Assistant
Wanda Kabotie	Otitis Media Aide
Billie Rose Tafoya	Community Health Representative
Marsha John	Social Services Aide
Jose Naranjo	CAP Coordinator
Avelino Tafoya	Alcoholism Counselor
Don Tafoya	Tribal Police Chief

The class also thanks the staff of the Indian Health Service, Santa Fe Service Unit, and the Tribal Council representatives of the Santa Clara Pueblo.

Special thanks are given to Irving Schlafman, Nadine Rund, Dean Wilson, and to all of the teaching staff for their outstanding presentation of management principles, and their able assistance and guidance in carrying out the project; and to Vicki Shulock and Rozina Taylor for their excellent clerical support.

VI. BACKGROUND INFORMATION

Santa Clara Pueblo, one of 11 Indian pueblos in the Santa Fe Service Unit, is located in Rio Arriba County near U. S. Highway 285, on the west bank of the Rio Grande River. It is two miles west of Espanola and approximately 25 miles north of Santa Fe.

The people of the Pueblo speak Tewa (one of the dialects of the Tanoan language), English, and Spanish. The basic religion of the people venerates the powers of the Universe. The Spanish introduced the Catholic faith, and later various philosophies of Protestantism became a part of the religious practices of the Pueblo. Various Indian religious and tribal ceremonies are held periodically at sacred sites in the Pueblo and on the reservation.

Santa Clara's population lives in a neat, compact community. The one-story adobe house with a fence or wall is currently the principal dwelling. However, other types of building materials are being introduced for houses, schools and community buildings. Approximately 90 percent of the homes have modern plumbing, and nearly all the homes have electricity.

The people of Santa Clara are noted for their excellent polished red and black pottery, some of which has carved decorations. In addition to pottery--which has a wide local and regional market distribution--the strategic location of the Pueblo near the ancient Puye Cliff Ruins enables the people to realize additional income from other aspects of the tourist trade in northern New Mexico. Close proximity to Los Alamos, Santa Fe, and Espanola makes outside employment possible to many who live in the Pueblo. Other sources of income include farming, welfare assistance, and social security.

The civil government of the Santa Clara Pueblo is described as democratic in form. The Governor, who is the executive head of the Pueblo, is elected every year. He may serve more than one year, and may succeed himself. The Governor, Tribal Council members, and other Pueblo officials share responsibility for land administration, civil law and order, and other community and Tribal affairs.

Health services for the Santa Clara residents are provided through the Santa Fe Public Health Service Indian Hospital and the field health station located in the Pueblo. Medical and dental services at the Santa Fe Hospital are provided by five Public Health Service physicians and two Public Health Service dentists. Allied health services include public health nursing, environmental health, social services, mental health, and health education services.

Currently a physician and a public health nurse spend a full day in the Santa Clara Clinic each week. The general clinic at Santa Fe operates from 1:00 p.m., to 5:00 p.m., three days a week, and emergency services are available 24 hours a day, seven days a week.

VII. DEFINITION OF TERMS

Management - organization, coordination, and evaluation.

Health Services - preventative, curative, and rehabilitative services provided to the Santa Clara Pueblo by the employees of the Tribe and the Santa Fe Service Unit.

Tribal Members - Indian people of the Santa Clara Tribe residing on the Santa Clara Pueblo (Group I)

Tribal Employees - all employees of the Santa Clara Tribe involved in the delivery of health services (Group II).

Tribal Officials - councilmen and executive officers of the Santa Clara Tribe (Group III).

Service Unit Employees - employees of the Santa Fe Indian Health Service Unit (Group IV).

Health Board - members of the Eight Northern Pueblo Health Advisory Board to the Santa Fe Service Unit (Group V).

VIII. STUDY DESIGN AND METHODOLOGY

A. INFORMATION SOURCES

In order to accomplish the desired objective, information was obtained from the following sources:

1. Personal interviews with Santa Clara Tribal Members,
2. Personal interviews with Tribal Employees who are primarily hired to work in the health delivery field,
3. Personal interviews with Tribal Officials,
4. Personal interviews with Service Unit employees,
5. Personal interviews with members of the Health Board,
6. Analysis of contracts between the Santa Clara Tribe and other Federal agencies, and
7. Analysis of position descriptions and organizational charts of the Santa Fe Service Unit.

B. INTERVIEW SAMPLE

The interview sample was divided into five groups according to their role in the health care system. These groups are listed in the following table with the actual number of interviews, interviews sought, and potential interviews.

		# of actual interviews	# interviews sought	# potential interviews
I	Tribal Members	37	51	75*
II	Tribal Employees	6	6	6
III	Tribal Officials	9	14	14
IV	Service Unit Employees	15	15	-
V	Health Board Members	1	5	14

*Number of Family Units in Pueblo According to CHR

1. Tribal Members

It was decided to preselect the group to be interviewed, and to interview in the evening to avoid the biases commonly found in talking only to housewives home during the day. Repeat attempts were made to find people not home on the first visit.

The selection of people to interview was made in the following steps. Names of the man and wife heading forty-one households now on the Pueblo were selected from the BIA Census of 1968. This limited the study to Pueblo members. Nearly half of the households were eliminated as there was a limitation on time. Families to be visited were evenly distributed about the Pueblo. The selection was made with the help of tribal workers which may have introduced some bias. One interview was to be conducted per household.

The group to be interviewed was divided into two parts, 20 households to be interviewed during working hours and 18 to be interviewed in the evening as they were expected not to be home other times. When these interviews were finished, there was time to visit 13 more households during the day to add to the study. Thus, an attempt was made to contact 51 of the 75 households. Seven of the people interviewed were men and 29 were women. Two people refused the interview, seven families were not at home, and six families were eliminated as they were interviewed in other groups as employees or officials. A total of 37 successful interviews was made in this group.

Demographic Data on Sample Interview

Age Groups	Female	Male	Total
0-14			
15-19			
20-34	4	2	6
35-54	17	3	20
55-64	5	1	6
65+	4	1	5
	30	7	37

Number of persons in interviewees' families 171.

Population Census (1970) 1,189

It was understood that this is a biased sample in that it was not randomly selected and that the sample size was necessarily small due to the lack of time available for interviewing. In addition, the method by which persons interviewed was selected may have influenced the direction of bias in some way. The magnitude or direction of bias is undertermined.

2. Tribal Employees

All the tribal health employees were interviewed because they were readily accessible. They were as follows: Otitis Media Aide, Social Services Aide, Alcoholism Counselor, CAP Coordinator, CHR and Nutrition Aide.

3. Tribal Officials

All of the tribal officials were selected for interviews, however five officials were unavailable.

4. Service Unit Employees

Fifteen service unit employees were selected based on their function in providing health services to the people of Santa Clara Pueblo.

5. Health Board Members

Five of the fourteen health board members were selected because of their apparent accessibility. However, only 1 health board member could be reached for the interview.

C. FORM CONTENT

The forms committee developed an interview form which was used to extract information from position descriptions and to also provide structure for all personal interviews. Each interview team was composed of two members, an interviewer and a recorder, and interviews were conducted during the final two days of field study.

D. PRE-TESTING

The interview form was pre-tested so that weaknesses might be identified. The pre-test sample consisted of two class advisors, one service unit worker, four Tribal workers and two tribal members. The forms committee was briefed on the interviewee responses during the pre-testing and subsequently the form was revised before the field study began.

IX. RESULTS

A. MANAGEMENT PROCESS

1. Introduction:

To examine management processes in the delivery of health services, we attempted to examine separately the aspects of organization, evaluation, and coordination. Organization has a statutory aspect, that is, certain channels and activities are formally defined as part of the job for supervisors and employees. It also has one or many operational aspects, that is the ways the people in an organization perceive and carry out their jobs. Evaluation is carried on to assess both individual and program performance. Coordination involves obtaining an overview of the working relationships on the organization and examining the process by which organizational channels and evaluation processes function to ~~structure~~ STABILIZE or modify program direction.

2. Statutory Organization

a. Organization charts: To analyse the Statutory Organization of the Santa Fe Service Unit, we obtained the service unit organizational chart. The chart is dated March 21, 1969 and has had revisions superimposed by the Service Unit Director. There is no updated chart available. Note that the Hospital Administrative Officer and Service Unit Director are combined into an 'office of the SUD'. The field health service chief has been lapsed. These changes place 25 people directly under the office of the Service Unit Director. The addition of new personnel, staff PHN, nursing assistant, nutrition, environmental health aide, and health education aide requires additional boxes to identify their position within the organization.

The facts seem to indicate a need for an updated organizational chart. The changes in the line of authority and additional personnel need to be clearly identified to prevent confusion.

A flow chart was constructed to indicate the statutory organization of the service unit and tribal workers, tribal government, health board and community members, and their interagency relationships. The flow chart includes only those positions interviewed as a part of the sample.

CORRECTIONS

Page ii - TABLE OF CONTENT should be TABLE OF CONTENTS

Page ii - IX. A. No. 6 Summary left out

Page ii - Two page No. 36

Page 7 - End of first paragraph structure should be stabilize

Page 40 - First paragraph Santa Clare should be Santa Clara

Page 42 - Last paragraph, sentence beginning This showed that should be This showed the

Page 50 - Table 10, delete parenthesis around Chronic Diseases

Page 55 - Second paragraph, delete in the 11.

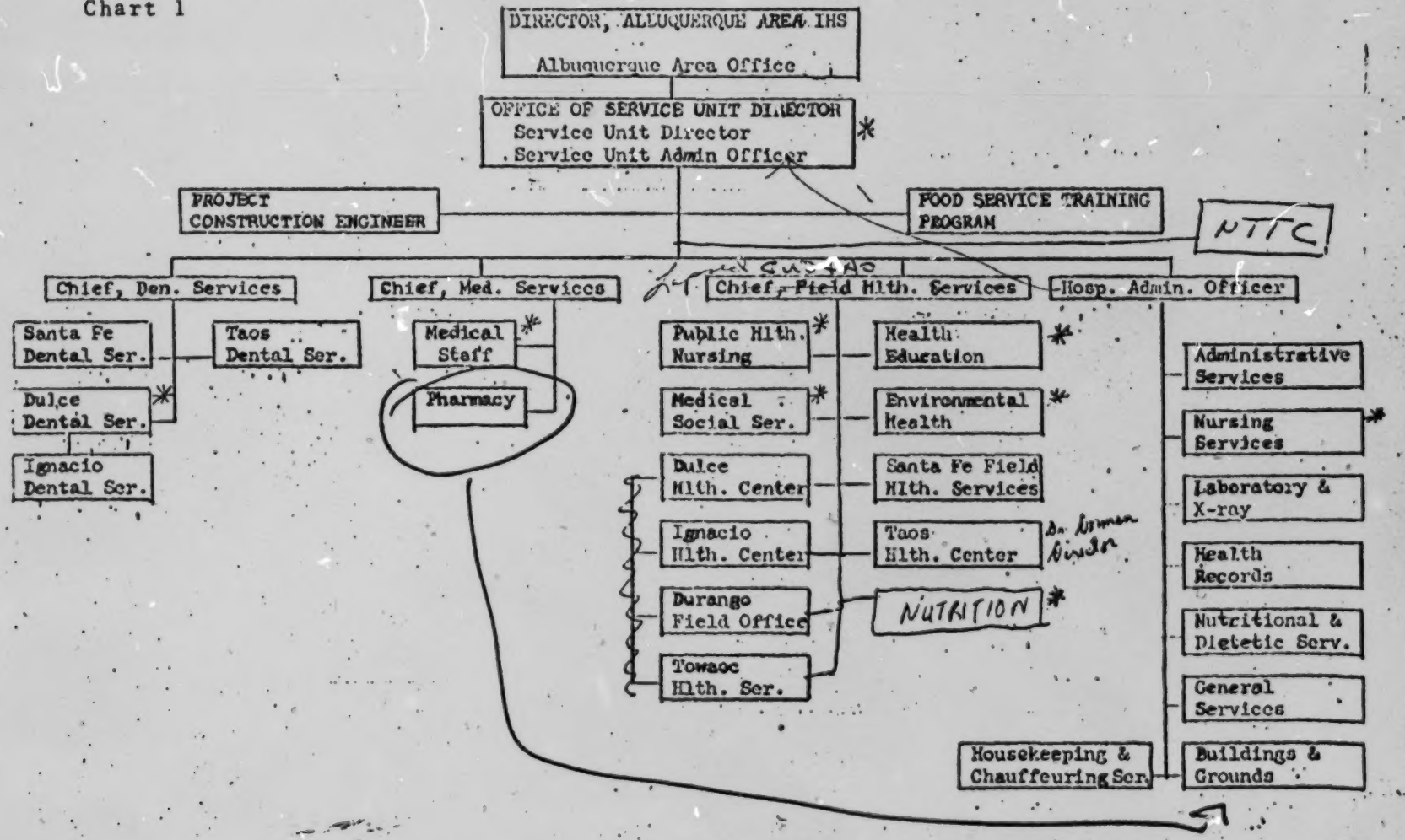
Page 56 - First paragraph, provides should be provider

Page 57 - No. 10, delete Health Board and

Page 57 - Strike out Question #9

SANTA FE SERVICE UNIT ORGANIZATIONAL CHART

Chart 1

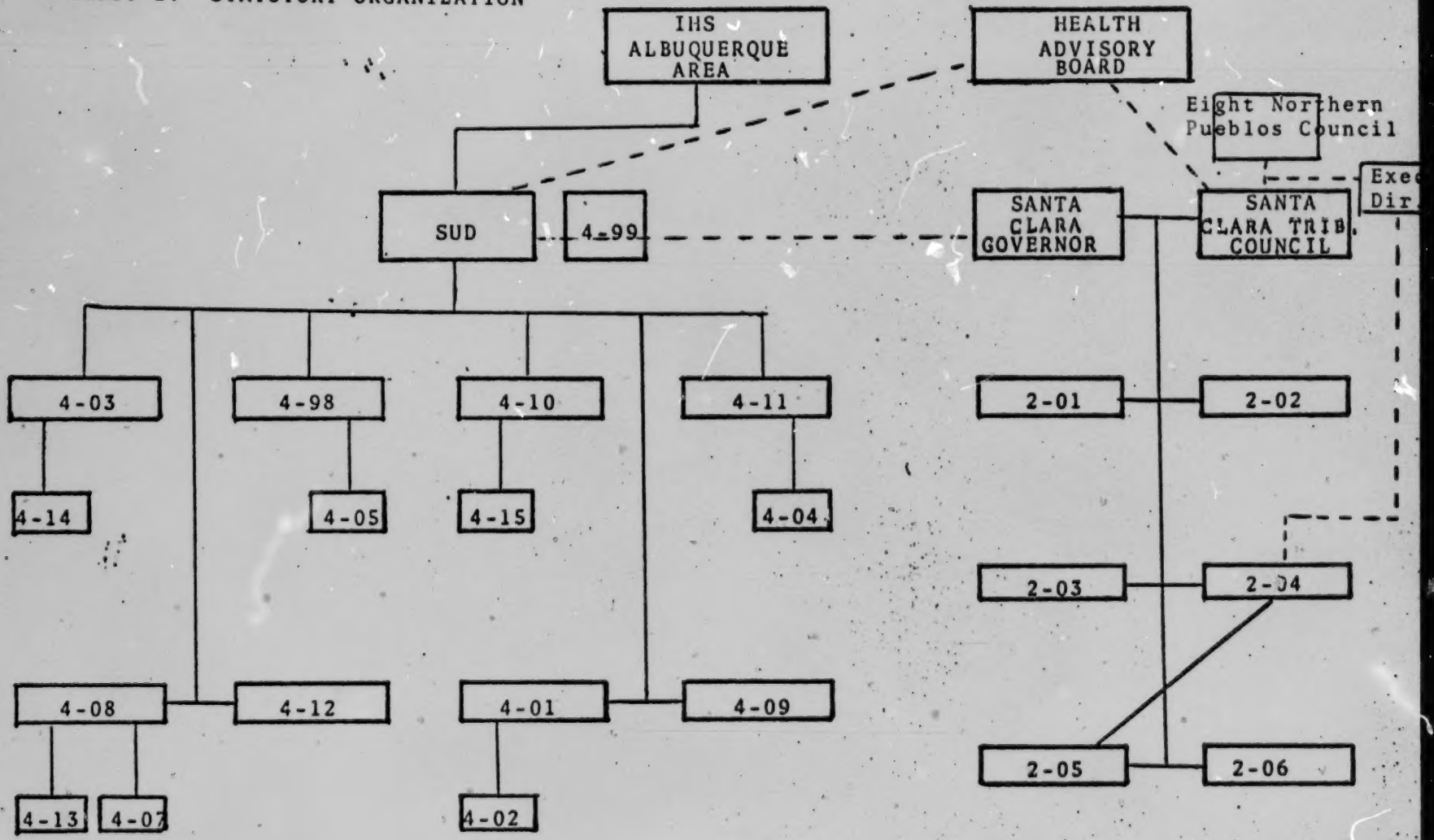


The tribal employees and officials could provide no formal organization chart. Our chart was drawn to correspond with the tribal officials' concept of the organization which was obtained verbally. Written tribal contracts defined a second structure involving one tribal employee, indicated by a dotted line.

Dotted lines are utilized to indicate interagency relationships.

This flow chart should be viewed as a translation of the formal organization chart into a format that will be used throughout this study.

Chart 2: STATUTORY ORGANIZATION



THE PEOPLE OF SANTA CLARA

b. Job Description Analysis: Job descriptions are a formal means of defining the activities of persons in the organization chart. It was proposed to make a comparative analysis of employees' interpretations of their jobs, and the corresponding formal job descriptions.

The question was structured on a grid describing ten task elements, asking the respondent to indicate percentage of time spent on tasks in one of four percentage divisions: 0-25%, 25-50%, 50-75%, 75-100%.

The job descriptions were categorized into corresponding ten elements in order to relate the responses to the job description. (See Appendix C, Question 24).

The comparison was not meaningfully accomplished as originally conceived due to errors encountered in methodology: 1) formal job description items were not weighted to indicate percentage of time for performance of specific functions; 2) there was misinterpretation of the question which allowed the respondent to record greater than 100% total time spent on functions; 3) the nine tasks defined in the question did not prove to well represent actual tasks, as the tenth, "other", category was necessary for approximately 28% of job description items to include functions of interpretation, travel, liason, coordination, conducting surveys, interviews, and conferences; 4) many job descriptions did not explicitly define all duties; for example, some functions of planning and written reporting are implied in job performance.

The percent of time indicated by the respondent could therefore, not equivalently be compared with the job description. However, a limited analogy was drawn using the employees' concept of his job performance as equated with the categorized job description.

It is interesting to note that many of the tribal workers in describing their jobs indicated they spent time in many other categories than stated in their job descriptions. One of the workers 2-06 spent the majority of his time in Category 9 (written reporting to supervisor) whereas the job description broke the position into two main elements--preventative services and health education. Another tribal worker, 2-01 described his position as primarily doing most of his work in diagnosis, treatment, and preventive services, whereas the job description elements are spread into more areas.

In the Santa Fe Service Unit, there are several instances where the personnel are working outside of the areas that are indicated by their job descriptions. Some employees indicated a fair degree of correlation between the time spent in the various categories and the elements noted in their job descriptions. The job description of employee 4-07 would seem to indicate that more time should be spent in other areas such as diagnosis and treatment and "other". Employee 4-15's job descriptions would seem to imply that more time should be spent in health education and preventive services.

There are many reasons for variation between the employee's perception of what he does and a written job description. The job description might not be representative of what the employee is expected to accomplish. A lack of resources, inadequate funding, and not enough personnel may keep an employee from performing in the areas defined by a job description.

The value of the above descriptive analysis, in view of the studies limitations as noted, might be increased if each position were looked into by the supervisor and employee.

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB: 2-01 JOB ELEMENTS DESCRIPTION	2	3	2					1	1	2
EMPLOYEE'S DESCRIPTION	75-100%	75-100%				0-25%			0-25%	

	1	2	3	4	5	6	7	8	9	10
JOB: 2-02 JOB DESCRIPTION			2					2		4
EMPLOYEE'S DESCRIPTION		0-25%	25-59%		0-25%	0-25%				25-50%

	1	2	3	4	5	6	7	8	9	10
JOB: 2-03 JOB DESCRIPTION										6
EMPLOYEE'S DESCRIPTION	50-75%		50-75%	25-50%	0-25%				0-25%	

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB: 2-04 JOB DESCRIPTION		1			1			3	1	1
EMPLOYEE'S DESCRIPTION	0-25%	25-50%	25-50%	0-25%	0-25%			0-25%	0-25%	

	1	2	3	4	5	6	7	8	9	10
JOB: 2-05 JOB DESCRIPTION				1	2				1	8
EMPLOYEE'S DESCRIPTION				25%-50%	0-25%				25-50%	

	1	2	3	4	5	6	7	8	9	10
JOB: 2-06 JOB DESCRIPTION		1						1		
EMPLOYEE'S DESCRIPTION					0-25%			0-25%	75-100%	

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB: 4-01 JOB DESCRIPTION				1	2			4	1	1
EMPLOYEE'S DESCRIPTION			0-25 %	0-25 %	25-50 %			50-75 %	0-25 %	

	1	2	3	4	5	6	7	8	9	10
JOB: 4-02 JOB DESCRIPTION					1	1		3		1
EMPLOYEE'S DESCRIPTION			0-25 %			0-25 %		50-75 %	0-25 %	

	1	2	3	4	5	6	7	8	9	10
JOB: 4-04 JOB DESCRIPTION	1			2	2			3		1
EMPLOYEE'S DESCRIPTION	0-25 %	0-25 %	0-25 %	0-25 %	25-50 %	25-50 %	25-50 %	25-50 %	0-25 %	25-50 %

JOB: 4-05

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB DESCRIPTION		INVALID-NO JOB DESCRIPTION								
EMPLOYEE'S DESCRIPTION	50-75%	0-25%		0-25%	0-25%			0-25%	0-25%	

JOB: 4-07

	1	2	3	4	5	6	7	8	9	10
JOB DESCRIPTION	2		1	1		2	2			2
EMPLOYEE'S DESCRIPTION		0-25%				50-75%	0-25%			

JOB: 4-09

	1	2	3	4	5	6	7	8	9	10
JOB DESCRIPTION		4			4			6		1
EMPLOYEE'S DESCRIPTION	25-50%	0-25%	25-50%	0-25%	0-25%	0-25%	0-25%	25-50%	0-25%	

JOB: 4-10

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB DESCRIPTION	1	1		2	1					3
EMPLOYEE'S DESCRIPTION	0-25 %	0-25 %	0-25 %	0-25 %	0-25 %			0-25 %	0-25 %	0-25 %

JOB: 4-12

	1	2	3	4	5	6	7	8	9	10
JOB DESCRIPTION	2		1		3					
EMPLOYEE'S DESCRIPTION	0-25 %	0-25 %	50-75 %		0-25 %	0-25 %		0-25 %	0-25 %	0-25 %

JOB: 4-13

	1	2	3	4	5	6	7	8	9	10
JOB DESCRIPTION		1	1	1	1				1	1
EMPLOYEE'S DESCRIPTION		50-75 %	50-75 %	0-25 %	0-25 %				0-25 %	25-50 %

JOB: 4-14

	1 Diagnosis and Treatment	2 Preventive Services	3 Follow-Up	4 Supervision and Evaluation of Personnel	5 Planning	6 Secretarial	7 Janitorial and Maintenance	8 Health Education	9 Written Reporting to Supervisor	10 Other
JOB DESCRIPTION	1	1		1						
EMPLOYEE'S DESCRIPTION	75-100 %	0-25 %	0-25 %	0-25 %	0-25 %	0-25 %	0-25 %			

JOB: 4-15

	1	2	3	4	5	6	7	8	9	10
JOB DESCRIPTION		3	1		2			3		
EMPLOYEE'S DESCRIPTION		25-50 %	25-50 %		0-25 %			0-25 %	25-50 %	

Note: Official job descriptions were not obtained for 4-11, 4-8, 4-6, & 4-3.

3. Operational Relationships

a. Introduction

The following sections include a series of charts displaying the network of interrelationships that has formed in providing health services to Santa Clara.

A series of questions were asked the community, Tribal officials, Tribal employees, and PHS staff members to determine these interrelationships. The questions dealt with referrals, complaint transmission, the operational chain of command, personnel evaluation, program evaluation, and the process for modifying programs.

By comparing the networks utilized in these specific areas, we hoped to discover whether the network was basically the same for all interrelationships. Also, could key people be identified in the networks; are the key people the same as those having formal positions of authority. Implications for management could be drawn if certain people are left out of the network, or are placed in conflicting relationships.

portals of entry

Of particular interest was the consumers access to all networks. Where do the consumers gain entry to the health delivery system? Do consumers have any influence on program modification or initiation?

b. Patient Referrals: (Questions 3 & 7; Charts 3 & 4)

Two questions were asked on referring people with health problems. A comparison between the two sets of responses generally show a pattern of referral exchanges among health workers. The tendency shown was for each health worker to make the decision as to who would be the appropriate referral practitioner.

Certain Tribal employees (2-01, 2-05, 2-06) were not connected to the referral system. A partial explanation for this may be the specialized requirements of their job.

Everyone mentioned direct consumer contact. This would seem to indicate a degree of sophistication in consumer utilization of health services.

One other point that was highlighted by the responses, but not adequately explored, is that Santa Clara

people have access to health care other than that provided by PHS. Espanola Hospital and the doctors in Espanola were cited as places for health problems to be referred.

Chart 3

When someone comes to you with a health problem, who do you send them to?

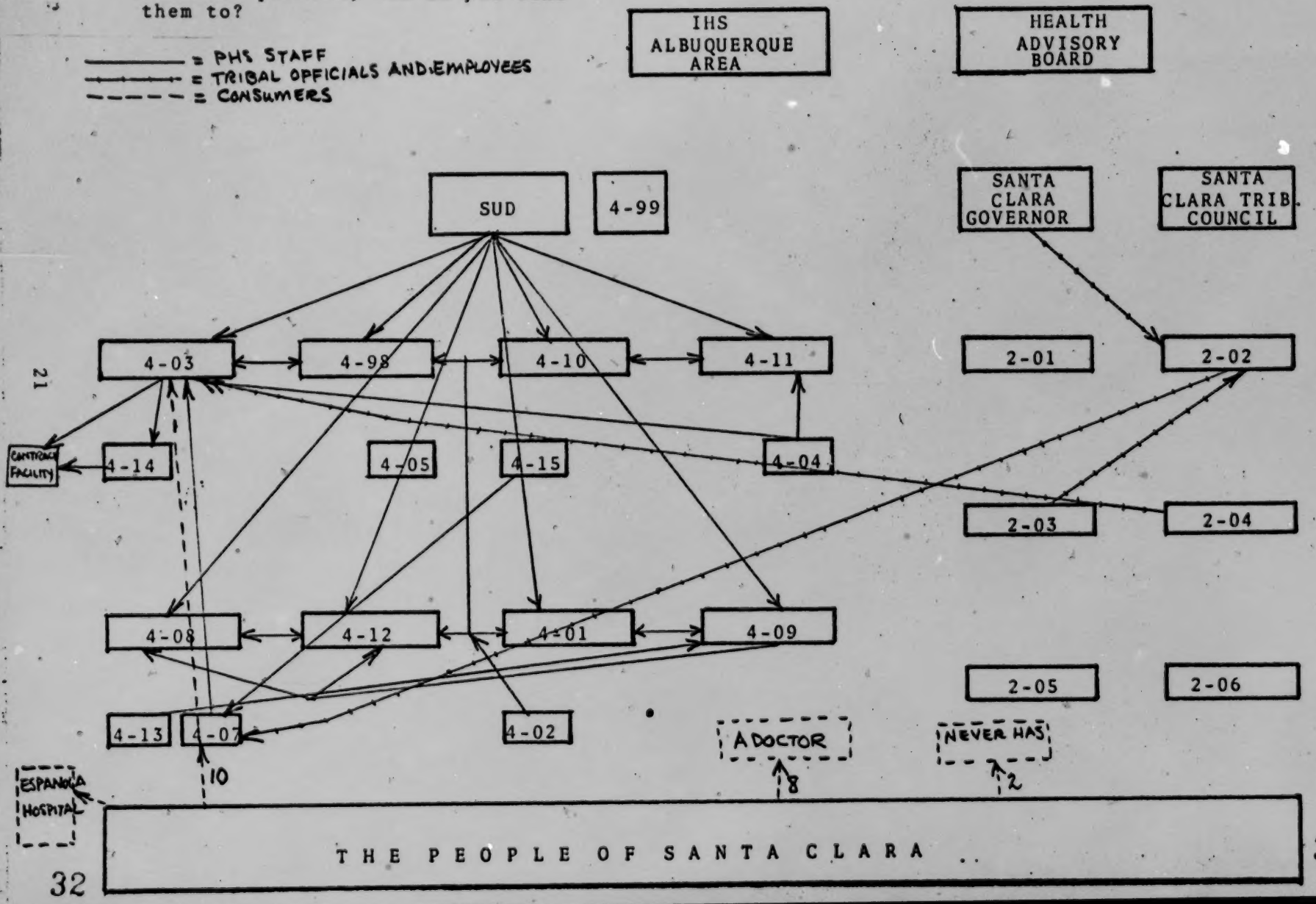
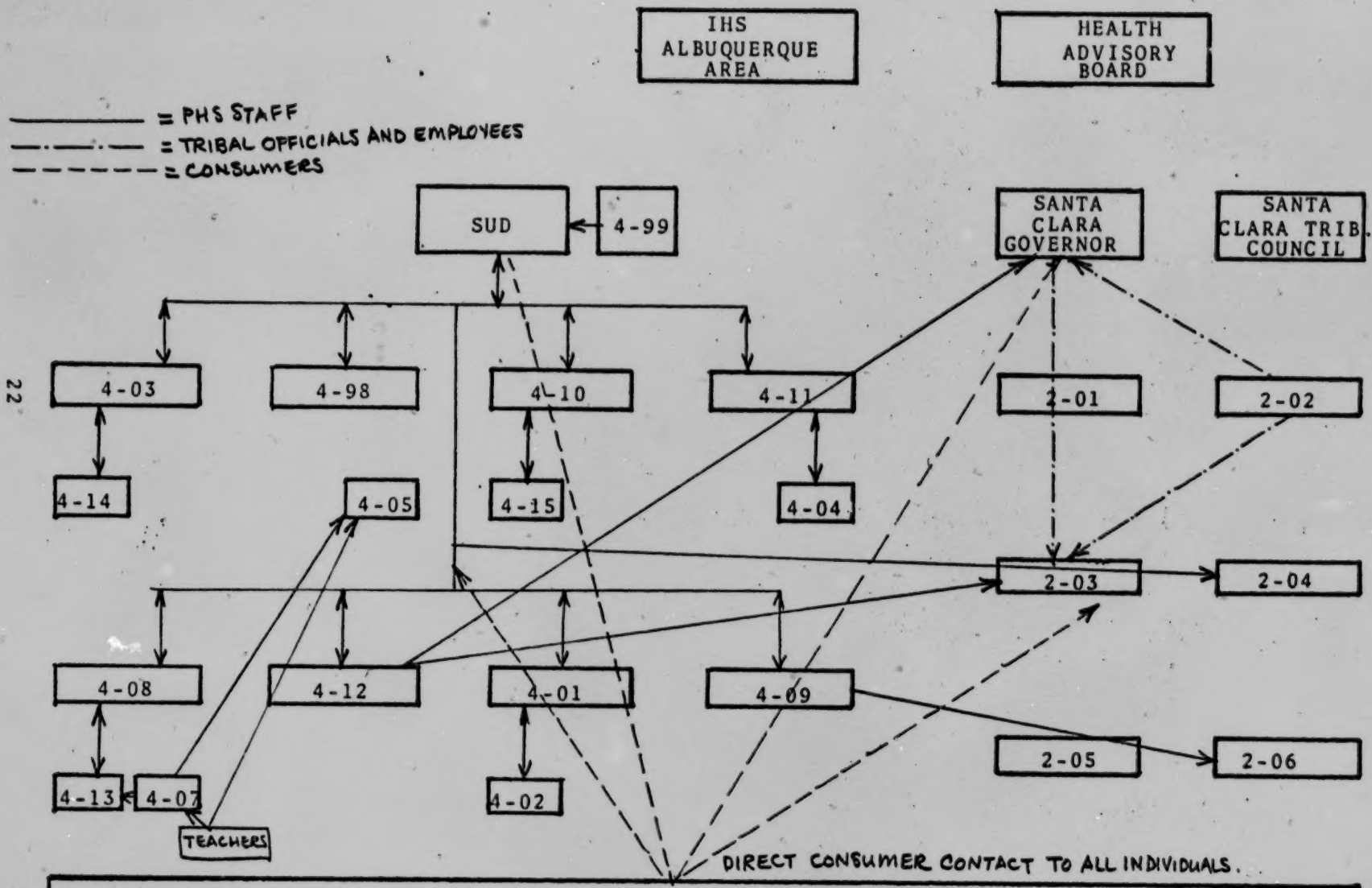


Chart 4

In your work, who refers people to you?



c. Complaint and Idea Transmission: (Questions 4, 8, 1; Charts 5, 6, 7)

The transmission of complaints and ideas focus on the two respective formal heads of the Service Unit and Tribal government.

Generally, PHS staff go directly to the SUD; Tribal members and employees go directly to the governor. These two important focal points are linked which should insure the flow of information necessary for decision making.

There are some PHS staff who have direct access to the head of Tribal government. One of these persons (4-02) is likely to have a strong community identity. The relationship of the other person is not clear from our information (4-05).

One other significant fact is that one PHS field staff member (4-07) has been identified by consumers as one to whom they would take ideas and complaints. However, this staff member felt there was nowhere for him to transmit ideas. Complaints he would take directly to the health board. This apparent isolation from other PHS staff could be of further interest.

Chart 5

Who do you take complaints about health services to?

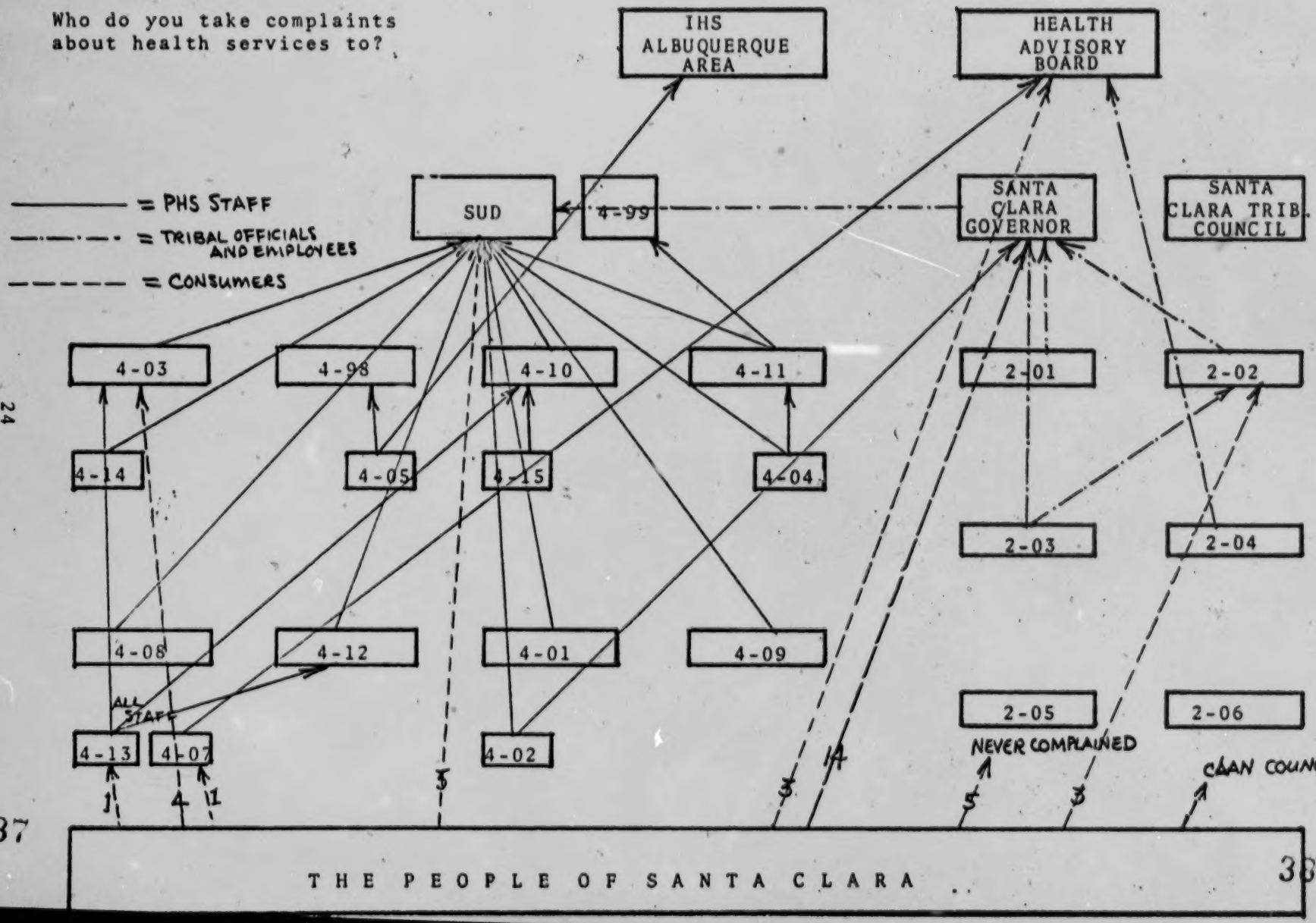


Chart 6

Who brings complaints about health services to you?

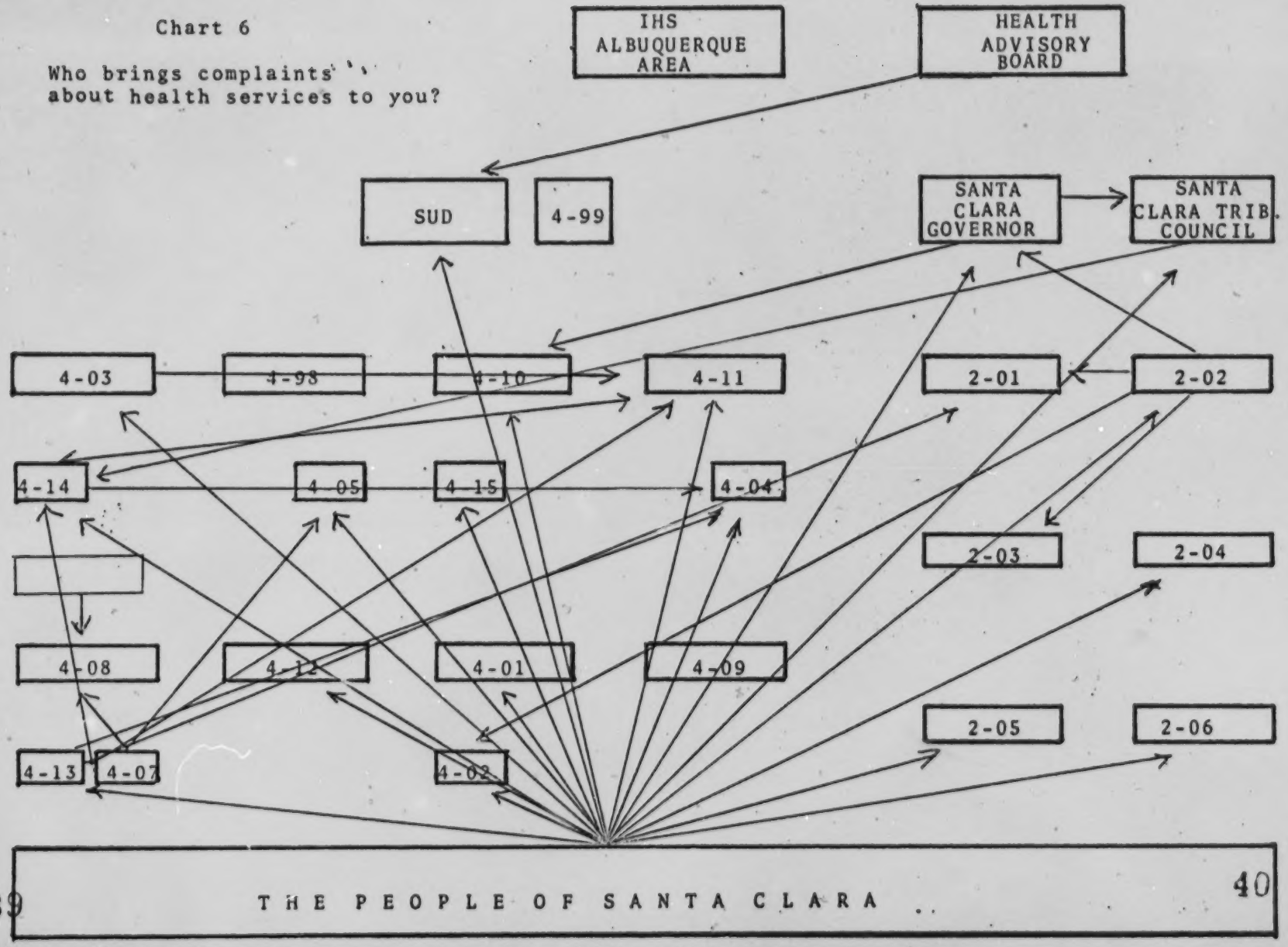
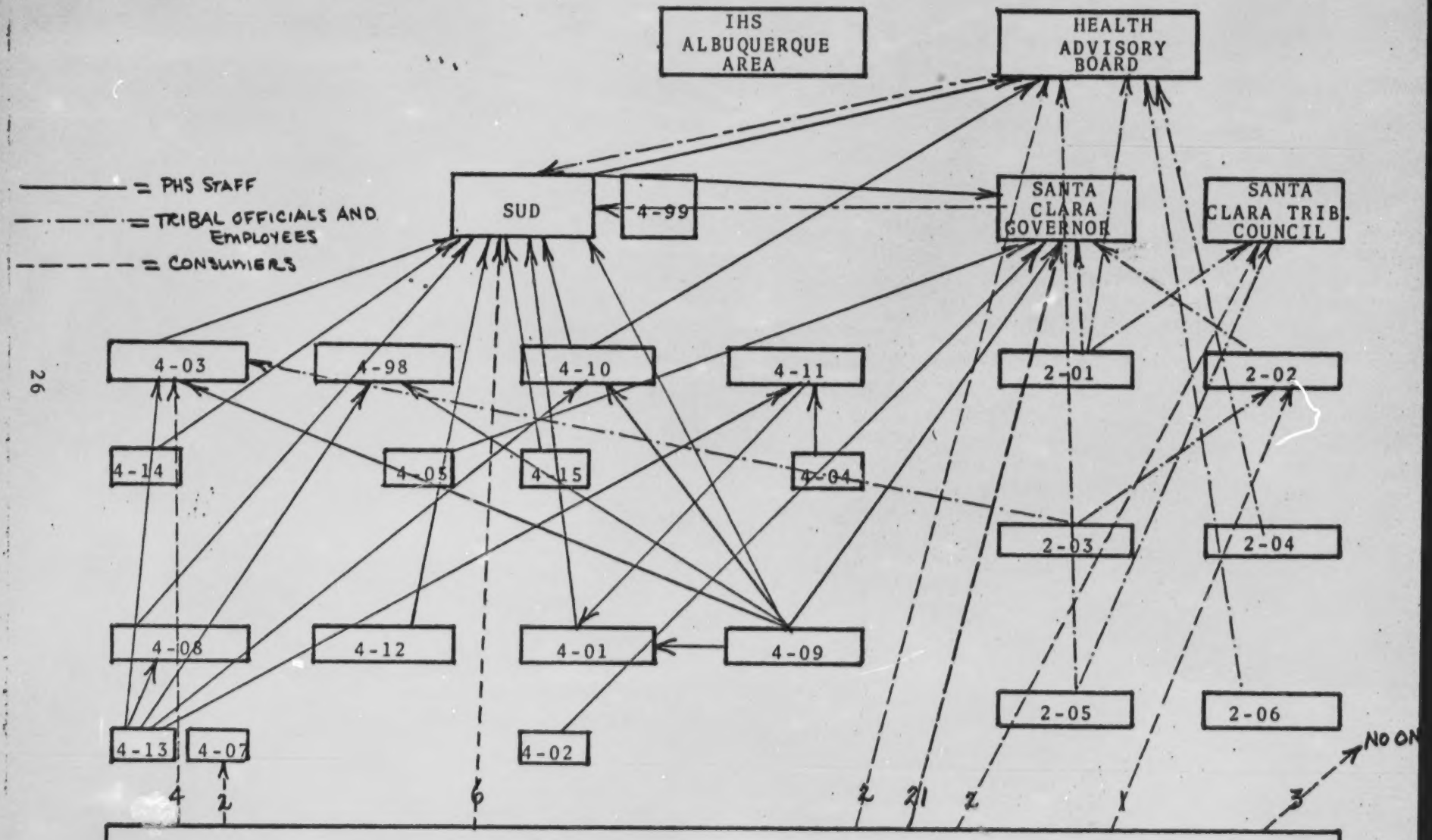


Chart 7

If you had an idea for improving health services, who would you talk to about it?



THE PEOPLE OF SANTA CLARA

d. Operational Chain of Command: (Questions 10, 11, 14; Charts 8, 9, 10)

This series of questions was asked to elucidate the operational chain of command.

People in both the PHS and Tribal organizations could identify their immediate superior. The responses corresponded with the formal organization. Those in ambiguous situations identified themselves as having more than one boss. (Refer to Chart 8).

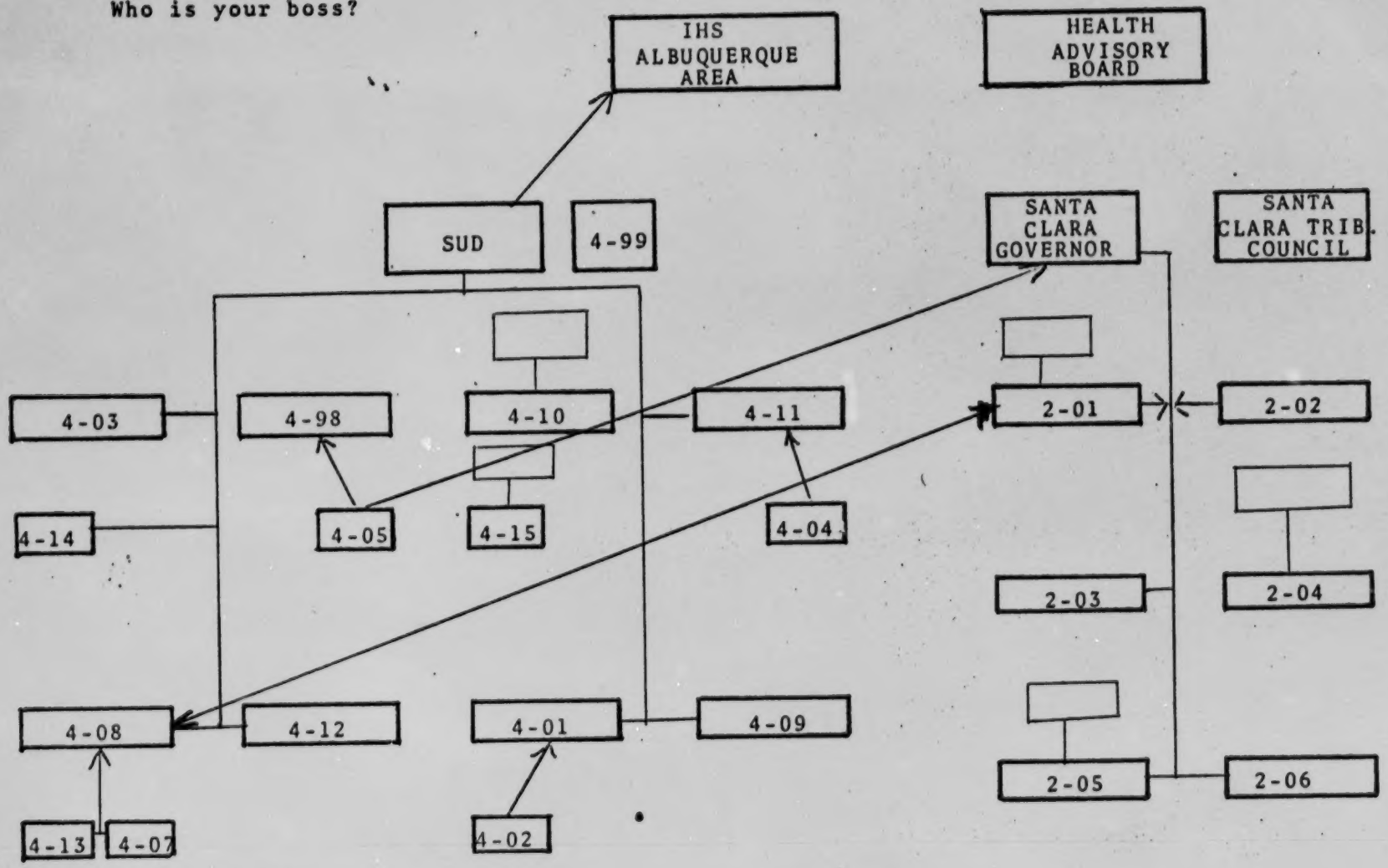
Responses to supervision and duty assignment reveal some working relationships not identical to formal organization. Some Tribal employees are shown as unsupervised (2-01, 2-04, 2-06). Also, some Tribal employees identified people they supervised that we did not consider in our study (2-03, 2-05).

Within the PHS staff, some instances of dual supervision (4-07, box under 4-04) and no supervision are shown (4-14, 4-05). The dual supervision occurs at a level where it may be particularly frustrating.

Apparently, here supervision does not equate with duty assignment. Many people in Tribal government and PHS show no one assigning duties. At the department head level, this may be appropriate for a professionally staffed organization where duties may be assigned by professional orientation. One interesting case of a staff subordinate assigning duties to a line professional (4-03) occurs within the PHS staff. Within the Tribal organization, one person receives duties from more than one Tribal group (2-04).

Chart 8

Who is your boss?



28

Chart 9

Who assigns your duties?

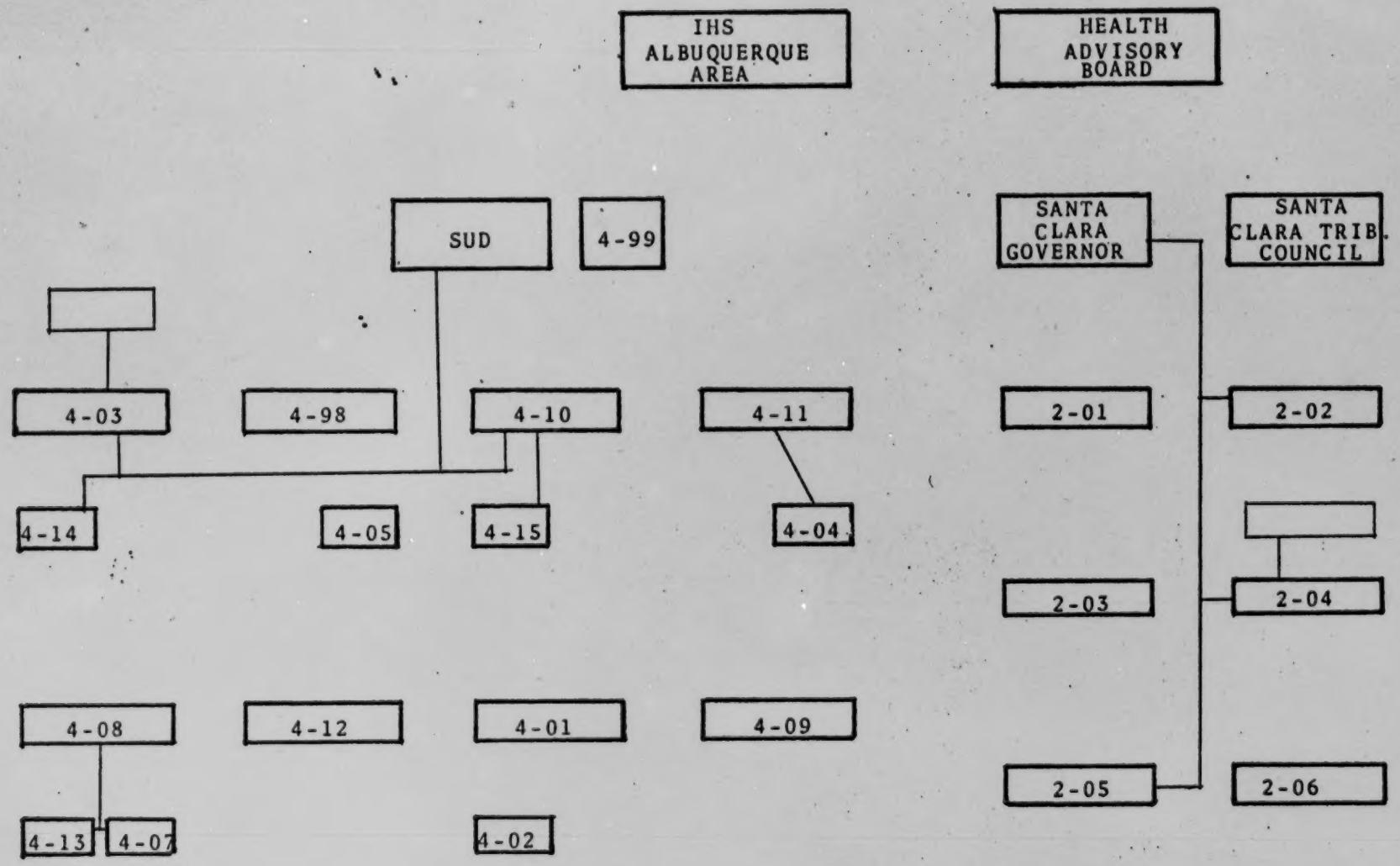
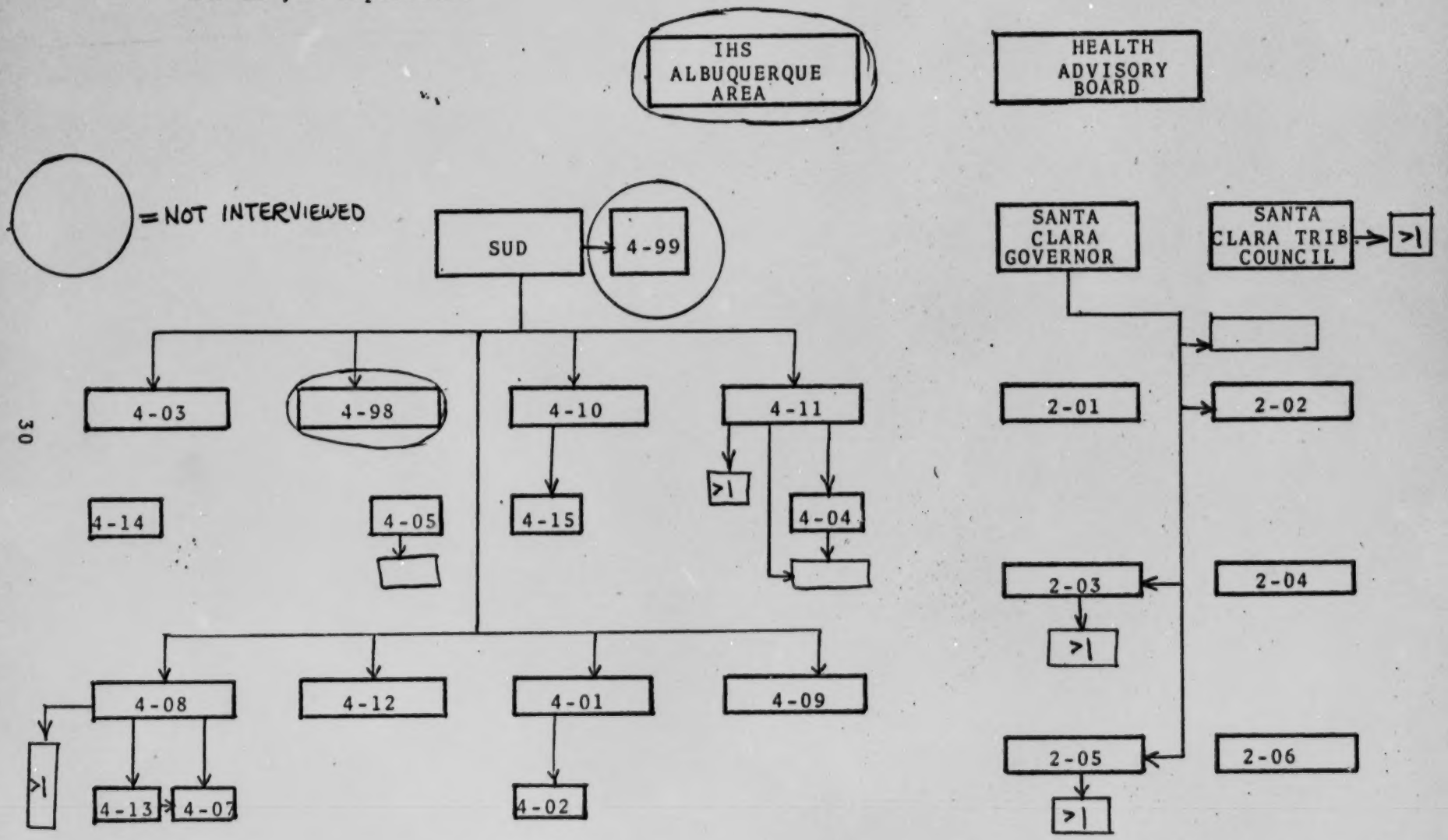


Chart 10

Who do you supervise?



e. Sources of Help with Job Problems: (Question 9; Chart 11)

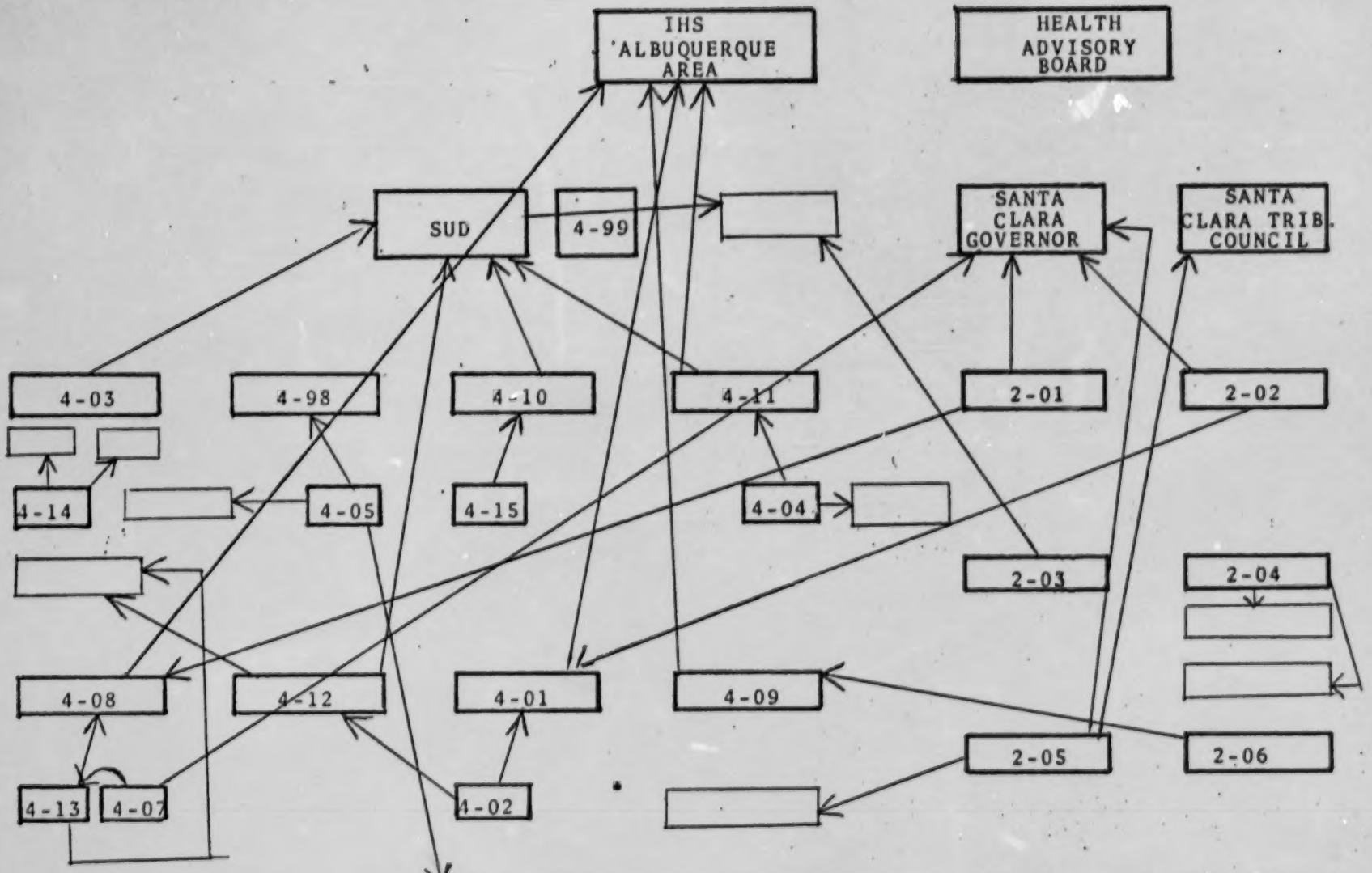
This question presents problems in assessment. It is possible that this question is too ambiguous to be meaningful to this project. A flow chart of the responses from the twenty-three persons questioned indicates considerable jumping of the chain of command of both Service Unit staff and of Tribal workers.

Most respondents listed multiple sources of help. Only seven listed single sources and in these cases the supervisor or boss was generally noted as the proper source. Multiple sources of help with problems characterized both the Service Unit staff and the Tribal workers.

There is some tendency for problems to flow directly to the Governor and SUD. The ambiguous role of IHS Area consultants is pointed out by the instances of direct referral of problems--our question did not differentiate which types of problems were taken. As noted in some of our other charts, some PHS staff people take problems directly to the Governor. Some Tribal workers take problems to PHS staff working in their area--similar to a consultant role.

Chart 11

When problems come up, who do you ask for help?



4. Evaluation Mechanism

a. Personnel Evaluation: (Questions 15, 19; Chart 12)

The channels of evaluation chart shows how the interviewee felt his personal evaluation was made. The responses are indicated on the chart via lines to the evaluator.

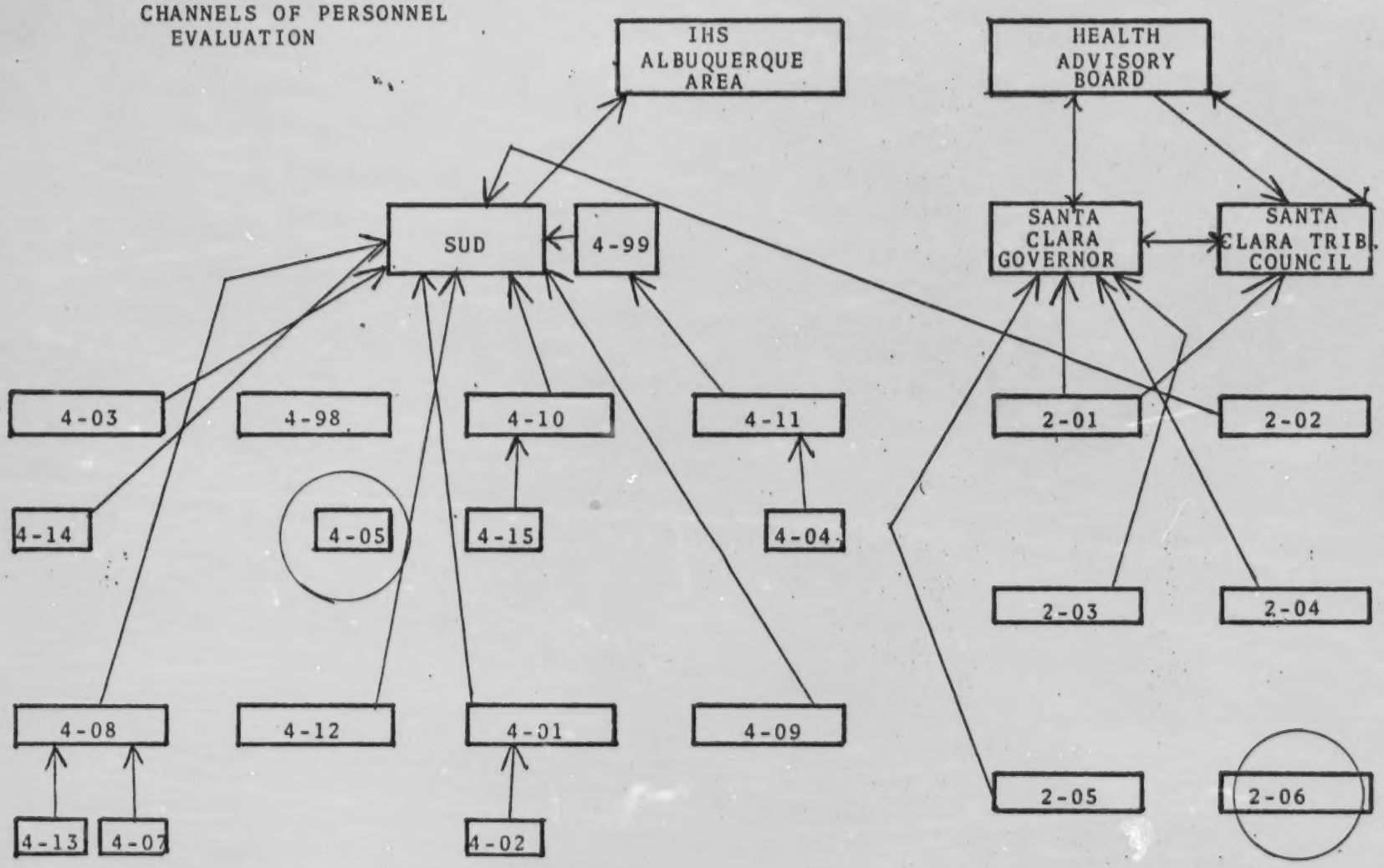
Tribal employees responded to evaluation via Health Board, Governor, and Council. The replies tended to indicate that they saw the three groups as "one". The three groups used the Governor as their spokesman for employee and program evaluation. The spokesman has "standing orders" and when in doubt can receive recommendations and/or approval from the Council.

The study responses indicate nine Service Unit supervisors being evaluated directly by the SUD; also six indirectly evaluated by the SUD via their "formal" supervisor. One Service Unit staff (4-05) and one Tribal employee (2-06) responded by stating they neither evaluate nor are evaluated.

The flow chart on channels of evaluation indicates all other Tribal employees being evaluated through the one spokesman, with the exception of 2-02. The responses gave no indication of evaluation flow between Tribal officials and Service Unit officials with the exception of Tribal employee 2-02 who feels he is evaluated by the SUD.

Chart 12

CHANNELS OF PERSONNEL EVALUATION



b. Program Evaluation: (Questions 17, 18; Table 1)

The process of program evaluation was investigated by asking directly if the interviewee could tell if his program was successful. Five out of six Tribal employees, seven out of nine Tribal officials, and eleven out of fifteen Service Unit employees felt they could make a judgment about the success of their program.

Table 1 shows where each respondent group got the information to judge the success of their program. The bulk of this information was in the form of unspecified "feedback" communication from other groups. All respondent groups depended most heavily on feedback directly from individual Tribal members. Tribal employees depended equally on communication from their officials, fellow workers and Service Unit staff. Service Unit staff depended frequently on workload statistics and communication from fellow staff to make their judgment. Less frequently Service Unit staff used population morbidity to judge their program success, but they were the only group which did refer to this data. The Health Board was relatively infrequently mentioned by everyone as a source of information.

Table 1 : Sources of Information for Evaluation of Success of Program

Respondent Group	Tribal Employees (N=6)	Tribal Official (N=9)	Service Unit Employees (N=15)	Health Board (N=1)
Sources of Information	Number of times mentioned - (Rank in order of Frequency Mentioned)			
1. Communication from others				
a. Service Unit employees	3 (2)	1	5 (2)	0
b. Individual Tribal Members	4 (1)	6 (1)	9 (1)	1 (1)
c. Tribal Employees	3 (2)	3 (3)	0	0
d. Tribal Officials	3 (2)	4 (2)	3 (4)	0
e. Health Board	1 (3)	2 (4)	1	0
2. Population Morbidity Statistics	0	0	4 (3)	0
3. Workload Statistics	1 (3)	0	5 (2)	0
4. Other	3	0	4 (3)	0

5. Program Evolution

a. Introduction

A series of questions was directed to examine how programs get changed, who has influence on programs or policies affecting the health of the Santa Clara people, which of the various groups can initiate change, how they go about making changes in their health programs, and what barriers they encounter.

b. Influence on Health Programs: (Question 5; Table 2)

Sixty-five percent of consumers felt they had no influence on programs or policies. An overwhelming majority of Tribal health workers, Tribal leaders and Service Unit staff felt they had some influence on programs or policies. A small percentage felt they have a lot of influence. The Health Board member had no comment.

Table 2: Degree of influence on health programs felt by different respondent groups

Respondent Group	Number Interviewed	Response		
		A Lot	Some	None
1 - Tribal Member	37	4 (11%)	9 (24%)	24 (65%)
2 - Tribal Employee	6	1 (16%)	5 (84%)	0 (0%)
3 - Tribal Official	9	0	8 (88%)	1 (12%)
4 - Service Unit Employees	15	1 (7%)	11 (73%)	3 (20%)
5 - Health Board	One Health Board Member was contacted who would not make a comment			

c. Initiation of Changes: (Questions 20, 21; Table 3)

The large majority of respondents feel they are able to initiate changes in the health program.

When asked how they would make changes, the majority of Tribal health workers, five of six, felt that initial contact with and through the Tribal Council and/or Governor was necessary for making changes.

Almost all of the Tribal leaders interviewed, eight out of nine, felt that Tribal Council action was needed to make changes.

Of the fifteen Service Unit staff people interviewed, eleven felt that Service Unit staff consultation, discussion and approval was required for making changes. Four of the group felt that personal judgment and attitudes with community needs as guidelines were all that they needed to make changes that they felt were necessary.

The lone Health Board member interviewed felt changes could be made through recommendations to the Health Board.

Table 3: "Can you initiate changes in your health program?"

Respondent Group	Number Interviewed	Response	
		Yes	No
Tribal Employees	6	5 (83%)	1 (17%)
Tribal Officials	9	7 (78%)	2 (22%)
Service Unit Employees	15	14 (93%)	1 (7%)
Health Board Members	1	1(100%)	

d. Barriers to Program Operation: (Question 10)

Of the six Tribal health workers contacted, three felt that there were no barriers. One felt that there was a lack of understanding of alcoholism among Tribal people; one felt that there was too much "red tape" involved; and one felt that there was a lack of funds to carry out programs.

Of the fifteen Service Unit staff people interviewed, approximately 75% (11 of the 15) felt that the lack of resources, (personnel-money-materials), was the main obstacle to doing a good job.

The only Health Board member interviewed felt that a lack of personnel was the greatest barrier in carrying out the health programs.

6. Summary

The above data seems to indicate that most people, both employees and consumers, direct their contacts toward top centers of authority. Formal chains of command are generally known but not followed when the need is to influence others.

There are some people, particularly those in "aide" positions, both with PHS and Tribal government who are not clearly linked even to a formal chain of command. It might be that these people are not properly utilized because no one has clearly defined a role for them, nor provided the supervision for them to learn the role. For those somehow familiar with the internal workings of the health care organization; PHS staff, Tribal officials, Tribal employees; there is a feeling of having no influence on the system. The consumers who do have a feeling of influence work through Tribal government. Few people indicate a feeling of having a lot of control over the health care system. One might suspect that there is an implicit acknowledgment of the strong external pressures that provide direction to governmental programs. A more specific problem may be the lack of a central power-holding entry point for consumer feedback.

A Service Unit-wide health board exists. At this point the community has not generally identified the health board as a change mechanism. A point here might be that the health board is external to the Pueblo and is made up of representatives from several pueblos.

Evaluation as currently carried out seems to be based largely on personal subjective analysis of the individual comments brought to the evaluator. Systematic evaluation is unevenly practiced. Where statistics are used, questions can be raised about whether the proper indices are being followed.

It is important to management to be able to identify the actual working relationships of the organization. Effective planning and evaluation leading to possible program modification must be based on the actual situation rather than a written model. Part of the evaluation process should be directed toward assessing the effectiveness of the written models.

B. PERCEIVED HEALTH PROBLEMS

1. Introduction:

One impression that the project members received from their initial briefing on Santa Clare was that there might be some differences of opinion about health problems and programs among the various groups involved in the delivery of health services to the people of the Santa Clara Pueblo. Our project was formulated to ascertain the people's perceptions of their health needs and the client-provider relationships that exist. In formulating this part of the project this issue was approached by a series of questions designed to elicit subjective impressions and perceptions of health problems and services. Time limitation prevented any objective assessment of health needs.

2. Perceived Family Health Problems

a. List of Problems: Using Section B, Page 4 of the interview form, thirty-seven people in the community were asked to identify the perceived health problem or problems particular to their own family. As tabulated in Table 4, the most common responses were indicated as being colds, dental related, major surgery, cardio-vascular diseases, diabetes, and eye problems.

Table 4: Perceived family health problems

Rank of Importance	Problem	Number of Responses
1	Colds	10
2	Dental	6
2	Major surgery	6
2	Cardio-vascular disease	6
3	Diabetes	3
3	Eye problems	3
4	Asthma	2
4	Arthritis	2
4	Hay fever	2
4	Leg injuries	2
4	T.B.C	2
5	Others - of 1 each	23

5	Others - of 1 each	23
	(Allergy, Obesity, Diarrhea, Dizzy spells, Shigella, Stomach Ache, Sore Throat, Sinus Trouble, Chest Pain, Coughs, Foot Care, Whip Lash, sanitation, medical care, preventive care, outpatient clinic, shoulder pain, transportation, tonsillitis, tuberculosis, varicose veins, head trouble)	
	No response	6

b. Sources of Assistance for Family Health Problems: Once the family health problems were listed, the question "who is the first person that you could go to for help with this problem"? was posed to those interviewed. As shown in Table 5, the people stated that they would seek help first from Indian Health facilities and personnel: the Santa Clara Clinic, the Santa Fe PHS Hospital, PHS doctor, and the Santa Fe Service Unit. A subsequent question asked, "When you go, are you happy with how you are taken care of?" "Yes" answers are shown in Table 5 as "Number of satisfied responses." Most people were happy with their care.

Table 5: Sources of assistance for family health problems:

Rank of Importance	Source of Assistance	No. of Responses	No. of Satisfied Responses
1	PHS Hospital	20	15
2	PHS Doctor	19	15
3	Santa Clara Clinic	12	9
4	Santa Fe Service Unit	5	3
4	Private Doctor	5	5
5	Dental Clinic	3	1
6	CHR	2	2
6	Self	2	1

7	Public Health Nurse	1	1
7	Espanola Doctor	1	1
7	Nutritionist	1	1
7	Governor of Santa Clara	1	

c. Explanation of disease and treatment (question 2, Table 6): An attempt was made to find out which members of the delivery team were discussing the patients' illness with them. The majority of the four groups interviewed stated that the doctor told the patients about their disease and treatment.

The majority of the patients, in fact, say that they do get explanations about their disease and treatment from the doctors and as was shown in Table 5, they do usually go to the doctor for help.

Table 6: Perception of who explains disease to patient

Respondent Category	Group I	Group II	Group III	Group IV
Person who explains	Number of responses			
Doctor	33	9	5	10
CHR	-	2	2	1
Pharmacist	2	-	-	-
Parent	-	-	-	-
Nurse	1	-	-	-
Clinic Aide	-	-	-	1
Clinic Nurse	-	-	-	1
Private Physician	1	-	-	-
Mother	1	-	-	-
No One	1	-	-	-
No Response	3	-	-	-

3. Perceived Community Health Problems (Part C, interview form)

a. List of Problems: Responses from all interview groups were elicited by an open ended question in an attempt to identify what each group felt were the main health problems in the community.

In Table 7, "the perceived health problems of the community," alcoholism ranked first in all groups except the tribal officials who put personnel problems of IHS ahead of it. This showed the importance of alcoholism as a perceived community health problem. Chronic diseases was frequently

mentioned by all. Sanitation problems ranked a little higher with tribal members and employees than with officials and service unit members but there was rough agreement. Facilities and their location ranked next to alcoholism with all tribal groups and sixth with service unit people. Evidently PHS does not rank its own inadequacies as high as others do.

Health education was a subject that showed a real disagreement. Tribal officials and Service Unit workers placed this high and Tribal members and employees placed it quite low in rank order. In compiling the problems under this heading, health education was interpreted in its traditional meaning: all the education about health that could be taught by any health or education worker, not the program of the Health Educator. The split between the tribal members, employees, Tribal officials and Service Unit people is the same one that appeared to a lesser degree under sanitation. This may indicate good communication between Tribal officials and IHS people.

It is interesting to note that striking differences exist between the individuals' conception of their personal health problems and of their community's health problems.

For example, many individuals recognized alcoholism as an important community problem but none of them identified it in their own families.

Table 7: PERCEIVED HEALTH PROBLEMS OF THE COMMUNITY

	Number of Responses by Respondent Group					
	I	II	III	IV	V	
	Tribal Members	Tribal Employees	Tribal Officials	Service Unit Employees	Health Board	Total
PROBLEM CATEGORY	Rank Order/#	Rank Order/#	Order/#	Order/#		
ALCOHOLISM	First/19	First/5	Second/4	First/10		38
CHRONIC DISEASES	/19	Third/2	Third/3	Third/6		33
Diabetes	12	1	2	3		
Cardiovascular	7	1	0	2		
Tuberculosis	0	0	1	0		
Geriatrics	0	0	0	1		
SANITATION PROBLEMS	Second/9	Second/3	Fourth/1	Fourth/5		18
Solid Waste	4	0	1	3		
Stray Dogs	2	2	0	0		
Water & Sewage Maintenance	1	1	0	1		
Water & Sewage Construction	1	0	0	1		
Flies & Mosquitoes	1					
FACILITIES AND THEIR LOCATION	Second/9	First/5	Second/4	Sixth/1		19
Lack of Facilities	3	3	3	1		
Waiting Room Time	4	1	0	0		
Transportation	2	0	1	0		
Against Combination with non-Indian Hospital	0	1	0	0		

NOTES

PERSONNEL PROBLEMS	Third/8	Second/3	First/5	Sixth/1	17
Lack of Personnel	2	1	1	0	
Lack of Permanence	2	1	3	1	
Lack of Experience	0	0	1	0	
Poor Attitudes	3	1	0	0	
Need for Eye Specialist	1				
INFECTIONS	Fourth/5	Third/2	-/0	Third/6	13
Diarrhea	1	0			
Upper Respiratory Infection	3	2	0	3	
Other Infection	1	0		1	
Skin	0	0		1	
Ear		0		1	
LACK OF COMMUNICATION	Fifth/3	-/0	-/0	Sixth/1	4
DENTAL	Sixth/2	Fourth/1	Fourth/1	Sixth/1	5
OTHER PROBLEMS	Sixth/2	-/0	-/0	Sixth/1	3
Allergies	1	0	0	0	
Obesity	0	0	0	1	
Surgical Procedures	1	0	0	0	

NOT RESPONSE

45

RIGHT TO CARE	Sixth/2	-/0	-/0	Sixth/1	3
Non-Indian Treated	1			1	
Exclusion of Non-Local Husbands	1				
HEALTH EDUCATION	Seventh/1	-/0	Third/3	Second/9	13
Teaching About Disease Self-Triage	0	0	1	3	
Sex Education	1	0	1	1	
Unwed Mothers	0	0	0	1	
School Health Education	0	0	0	1	
Youth Proposals	0	0	0	1	
Maternal & Child Health	0	0	0	1	
Mental Attitudes	0	0	1	1	
PREVENTIVE MEDICAL CARE	Seventh/1	-/0	Fourth/2	-/0	3
EMERGENCY CARE	-/0	Fourth/1	Fifth/1	Fifth/2	4

NO RESPONSE

b. Persons who help with community health problems: Once the five groups interviewed identified the main health problems of the Santa Clara Pueblo, they were asked what resources or people did they visualize as helping with the perceived health problems. As shown in Table 8, the Tribal members specified as resources: doctors, the alcoholism worker and the governor of the pueblo. In comparison, the Tribal employees and officials indicated as resources: the alcoholism worker, CHR, the health board, Public Health Service, and Santa Clara Clinic. The Santa Fe Service Unit mentioned as resources in order: the CHR, doctor, and the health educator. The results would thus indicate that the tribal employees look to other tribal employees and tribal officials as resources; whereas, the tribal officials use a combination of PHS and tribal workers as resources. It is interesting to note that the Santa Fe Service Unit personnel ranked the CHR as their No. 1 resource; however, the community listed this as No. 7. This could indicate a number of things: 1) that the community is unaware of the CHR, 2) not utilizing her frequently to her potential; 3) lack of more CHR's is a definite handicap to the present one in trying to cover the whole community; 4) the tribal members think in terms of obtaining medical services rather than the steps to receiving health attention; 5) tribal members have different conception of CHR's potential usefulness than does Service Unit.

The interviewed groups were also asked if the people they had given as resources were helpful. This is given in Table 9. The responses given are interesting in that the tribal members generally felt that the doctors were helpful; whereas, the tribal employees and officials, and the service unit employees thought they were less helpful with the identified problems.

Only half of the tribal members and service unit employees indicated that the alcoholism worker was helpful; however, a greater percentage of tribal employees and officials thought he was helpful.

Table 8: Persons in the Health Delivery System Identified as helpful for perceived community Health Problems

Respondent Category	Group I Tribal Members	Group II Tribal Employees	Group III Tribal Officials	Group IV Service Unit Employees
Identified Person	Rank Order - Most Frequently Mentioned = 1			
Doctor	1	3	3	2
Alcohol Worker	2	1	1	6
Governor	3	3	-	8
PHS Hospital	4	3	3	-
Tribal Council	5	4	3	-
Santa Clara Clinic	6	-	1	-
CHR	7	2	2	1
PHN	7	-	-	4
Health Board	8	2	3	7
Health Educator	8	-	-	3
Public Health Service	8	-	1	7
Nurse	-	4	-	6
Social Worker Aide	-	-	-	5

Table 9: Opinion of Respondents by category concerning Persons who help with Community Perceived Health Problems

	Group I Tribal Members	Group II Tribal Employees	Group III Tribal Officials	Group V Service Unit Employees
Identified Person	Fraction of respondents who feel person is helpful			
Doctor	15/17	0/2	0/1	4/16
Alcohol Worker	7/14	5/5	3/4	4/8
Governor	7/10	0/2	-	0/1
PHS Hospital	7/7	0/2	1/1	-
Tribal Council	4/5	1/1	1/1	-
Santa Clara Clinic	4/4	-	2/4	-
CHR	0/2	3/4	1/3	9/17
PHN	1/2	-	-	6/10
Health Board	0/1	2/4	0/1	1/3
Health Educator	0/1	-	-	4/11
Public Health Service	0/1	-	1/4	0/3
Nurse	-	1/5	-	0/8
Social Worker Aide	-	3/3	-	2/9

4. Perception of Community Sentiment: (Question 22, Table 10)

It was expected that each interviewed group would have its own bias as to what it thought Santa Clara's problems were. An attempt was made to see it, however, each group could predict what the community members would feel were their main health problems. Results are displayed using previously described problem areas. (Table 7)

With the exception of sanitation, all of the communities main concerns were predicted by the interviewed groups. This may be interpreted as showing that the tribal officials and health providers have a fairly good sense of the community members concerns.

Table 10: Perception of Community Sentiment Concerning Main Health Problems

Problems in Order of Frequency Mention	Respondant Group			Expressed Community Sentiment
	Tribal Employees	Tribal Officials	Service Unit Employees	
	Chronic Diseases	Facilities	Alcoholism	Alcoholism (Chronic Diseases)
	Alcoholism Personnel	Alcoholism Personnel Chronic Diseases	Facilities	Sanitation Facilities
	Facilities		Chronic Diseases	Personnel
				Infectious Disease

5. Perception of Intra-Staff Consensus: (Question 6, Table 11)

Tribal employees, tribal officials, and service unit employees were asked if they sensed agreement among their colleagues about the communities main problems. (These problems were listed in Table 7.) As shown in Table 11, there is less assumed consensus in the service unit than among tribal groups.

Table 11: Responses to question - Do fellow workers agree with you concerning communities problems?

Response	Tribal Employees	Tribal Officials	Service Unit Employees
Yes	4	8	6
No	1		3
I don't know	1	1	7

6. Health Services Rating

It was anticipated that there might be difficulty comparing responses between interview groups if we relied wholly on open-ended questions to assess perceived health needs. A question was therefore included which required choosing from a fixed field of responses.

Respondents were given a sheet of paper containing 10 health service areas and their operational definitions for study purposes. (Appendix C, Questionnaire page 3)

They were asked to indicate two services for each of the following categories:

a. Services most important to the health of the Santa Clara people.

b. Services least important to the health of the Santa Clara people.

c. Services with which the respondent was most satisfied.

d. Services with which the respondent was least satisfied.

The questionnaire was designed as a precoded form for data card processing (Appendix C, page 2), but responses in interviews varied from what was anticipated by the pretest and a post coded form was used to transfer data to IBM cards. (Appendix D). Data tabulation was done by manual sorting operations on an IBM data card sorter.

As indicated in Tables 12 and 13, some individuals were unable to respond to a given question. Others were unable to choose two services from the list. Responses of those people who named one or three services in the requested categories were included in the tabulation of responses.

It was apparently easier for people to decide what was most important and most satisfactory than what was least important and least satisfactory. There was a correspondence among Tribal members, Tribal workers, and Tribal officials in mentioning facilities, personnel and emergency care as "Most Important" services. None of these areas appeared frequently among "most important" responses of Service Unit employees.

Transportation was most frequently mentioned by all groups as being least important among the services.

Sanitation was most frequently mentioned by all groups as most satisfactory.

The Tribal members had a high frequency of responses to health education as being most satisfactory, while the other groups did not rate this as highly. Tribal members however rated health education and preventive care more frequently than other services as least important.

Personnel was frequently rated as least satisfactory by all groups.

Of special interest is the category of attitudes which was the leading service rated least satisfactory by Tribal members and which was also frequently cited on the least satisfactory list by Tribal officials. This area was relatively high in the importance ranking by Service Unit people and they seemed neither particularly satisfied nor dissatisfied with this area.

In contrast with the prominent position of alcoholism on the Table 7 Compilation of health problems, alcoholism services are not frequently mentioned by any group as "most important" or "least satisfactory". This may be due to the fact that although the problem of alcoholism occurs frequently in people's perceptions (source of high rating on Table 7), it is not as important as other less frequent problems. ← other

TABLE 12: SERVICES JUDGED MOST (LEAST) IMPORTANT ACCORDING TO RESPONDENT CATEGORY

Respondent Category	I Tribal Members	II Tribal Employees	III Tribal Officials	IV Service Unit Employees	V Health Board
Number Interviewed	37 (37)	6 (6)	9 (9)	15 (15)	1 (1)
Number Respondents	34 (21)	6 (5)	9 (7)	15 (13)	1 (0)
Number Responses	64 (40)	12 (9)	18 (14)	30 (25)	1 (0)
Services					
Health Education	4 (6)	0 (0)	1 (2)	9 (0)	0 (0)
Sanitation	3 (5)	0 (1)	2 (2)	0 (2)	0 (0)
Facilities	13 (1)	4 (1)	6 (0)	0 (3)	1 (0)
Personnel	14 (1)	3 (0)	4 (0)	2 (0)	0 (0)
Attitudes	4 (0)	1 (0)	0 (1)	5 (2)	0 (0)
Transportation	6 (13)	0 (3)	0 (4)	1 (12)	0 (0)
Emergency Care	17 (0)	2 (0)	3 (1)	1 (2)	0 (0)
Chronic Care	0 (3)	1 (1)	0 (0)	0 (0)	0 (0)
Preventive Care	0 (7)	0 (2)	1 (0)	7 (1)	0 (0)
Alcoholism	4 (3)	1 (1)	1 (4)	5 (2)	0 (0)

TABLE 13: SERVICES JUDGED MOST (LEAST) SATISFACTORY ACCORDING TO RESPONDENT CATEGORY

Respondent Category	I Tribal Members	II Tribal Employees	III Tribal Officials	IV Service Unit Employees	V Health Board
Number Interviewed	37	6	9	15	1
Number Respondents	31 (28)	6 (5)	7 (9)	15 (14)	0 (0)
Number Responses	60 (52)	10 (7)	14 (18)	30 (26)	0 (0)
Services					
Health Education	10 (0)	0 (0)	0 (2)	4 (4)	N
Sanitation	18 (2)	4 (0)	5 (1)	6 (0)	0
Facilities	6 (6)	0 (1)	1 (4)	0 (4)	R
Personnel	6 (9)	1 (2)	0 (4)	4 (7)	E
Attitudes	3 (12)	0 (1)	2 (3)	1 (1)	S
Transportation	3 (3)	1 (0)	1 (0)	1 (0)	P
Emergency Care	4 (9)	1 (2)	0 (2)	4 (0)	O
Chronic Care	7 (1)	0 (1)	2 (0)	3 (1)	N
Preventive Care	3 (2)	1 (0)	1 (0)	5 (5)	S
Alcoholism	1 (8)	2 (0)	2 (2)	2 (4)	E

7. Priority Rating of Santa Clara's Needs: (Question 23; Table 14)

The final area we examined was an attempt to establish the perceived priority of Santa Clara's health needs among the 11 other pueblos in the Santa Fe Service Unit.

Both Santa Clara Tribal members and Tribal employees preferred to think of the pueblos as being all equal in health problems. The Service Unit people tended to think that Santa Clara has fewer health problems than most other pueblos i[redacted].

Table 14: Priority of Santa Clara Health Needs Compared to other Pueblos

Respondent Category	Group II Tribal Employees	Group III Tribal Officials	Group IV Service Unit	Group V Health Board
Priority		Number of Responses		
High			1	
Middle	1	1	3	
Low	1	1	11	
Equal	4	5		
Don't Know		2	1	1

8. Summary

The above examination of perceived health problems has identified some disparity between client and provider perceptions of certain health services and certain health workers. At the same time there were general areas of consensus concerning major community problems.

Santa Clara is only one of many pueblos in the Santa Fe Service Unit and was ranked relatively low in priority of health needs among others by Service Unit employees. In this situation, it is understandable that service unit personnel might have different perceptions than the community residents. Another point to remember is that professional opinion should not blindly follow community views or vice versa, lest the creative aspects of working together be lost.

Some of our results suggest that the provider groups are aware of differences of opinion between themselves and the community.

The value of this part of our study is that it could be used jointly by representatives of the service unit and tribe to discuss which areas of opinion difference represent informed judgments and which are the result of erroneous assesment or faulty communication.

X. LIST OF FINDINGS

1. The Service Unit Director and the Hospital Administrative Officer directly supervise 25 employees.

2. Some Tribal and Service Unit employees appeared to be working in areas other than those specified by their position descriptions.

3. Perceptions of health problems by the different groups were similar.

4. In the delivery of health services, the majority of interviewees stated that the physician was the key resource.

5. Tribal members were concerned about lack of personnel and lack of permanent personnel.

6. Complaints and ideas usually flow from everyone directly to the Service Unit Director and Governor.

7. Operational chain of command does not differ significantly from formal organizational structure with the exception that some of the Tribal Health and Service Unit employees have two or three bosses or ambiguous supervisors.

8. Many people stated that no one assigned them their duties.

9. The Service Unit Director and Governor have great influence in the areas of receipt of information and influence.

10. The ~~Health Board and~~ Tribal Officials interviewed feel they have some influence on programs and policies that affect the health of the Santa Clara Pueblo.

11. Programs apparently are evaluated largely on case load and verbal feedback.

12. Consumers feel they have little influence on the health care system.

13. When the chips are down Tribal and Service Unit employees bypass their immediate supervisor.

14. All groups mentioned alcoholism and chronic diseases as important problems.

15. The physician was most frequently identified as the person who explains illness to patients.

16. As a primary resource, the use of the Community Health Representative was perceived differently by Service Unit personnel than by the other groups.

17. Transportation was most frequently mentioned by all groups as the least important health service.

18. Sanitation was most frequently mentioned by all groups as the most satisfactory health service.

19. Tribal members most frequently rated personnel attitudes least satisfactory while other groups did not emphasize this as a problem.

20. The Tribal members indicated that emergency care, personnel, and facilities were the most important health services.

21. The Service Unit personnel identified health education and preventive medicine as the two most important health services.

XI. CONCLUSIONS

1. The results of the interview form indicate that a great deal of power is held by the office of the Service Unit Director. There is an apparent lack of delegation of authority from this office (See List of Findings 1, 6, and 9).

   Concomitantly some employees indicate that no one assigns duties to them and they also don't know who their boss is. Some employees are working in areas other than those specified in their position descriptions; and some employees bypass their immediate supervisor and go directly to the source of power (See 2, 8, and 13).

2. There was an absence of findings about the role of the Health Board.

3. Several of the Tribal Health workers may be placed in a difficult position by having multiple supervisors (See 2, 7, 8, and 9).

4. Although perception of health problems is similar by all groups (See 3 & 14) there are differences in perceived solutions. Tribal members emphasize lack of personnel, their permanency and attitudes, facilities, direct services, the role of the physician, while Service Unit employees emphasize preventive medicine, health education and the role of the Community Health Representative (See 4, 5, 15, 16, 20, and 21).

APPENDIX

HEALTH SERVICES MANAGEMENT COURSE
Desert Willow Training Center
April 17-May 5, 1972

TRAINEE ROSTER

1. Floyd Anderson
Service Unit Director
Talihina, Oklahoma

2. Everett B. Cox, Jr.
Pharmacist/Administrator
Box Elder, Montana

3. Mary Agnes Dotson
Public Health Nurse
Albuquerque, New Mexico

4. Jerome S. Gettleson
Director of Nursing
Keams Canyon, Arizona

5. Shirley L. Lahr
Accounting Office
Billings, Montana

6. Gary R. Lounsberry
Social Worker
Sisseton, South Dakota

7. Matthew C. Lynch
Field Sanitarian
Shiprock, New Mexico

8. Luke McIntosh
Administrative Officer
Tahlequah, Oklahoma

9. Gregory G. Moeller
Pharmacy Resident
Gallup, New Mexico

10. Dudley Moorhead, M.D.
Clinical Director
Bethel, Alaska

11. John L. Myers
Chief, Social Work Service
Kanakanak, Alaska

12. Robert D. O'Reilley
Health Education Specialist
McLaughlin, South Dakota

13. Robert Pepper
Social Worker
Redlake, Minnesota

14. John C. Reed, M.D.
General Medical Officer
Sells, Arizona

15. James C. Rowland
Social Service Representative
Lame Deer, Montana

16. Mary Lou Sherwood
Director of Nursing
Fort Yates, North Dakota

17. Alice M. Taylor
Public Health Nurse
Chinle, Arizona

18. Stephen T. Worelus
Chief, Pharmacy Services
Toppenish, Washington

19. Nancy M. Wilson
Public Health Nurse
Albuquerque, New Mexico

HEALTH SERVICES MANAGEMENT COURSE
Desert Willow Training Center
Tucson, Arizona
April 17-May 5, 1972

STAFF ROSTER

Ted Garratt, Associate Director for Health Information Systems, ORD, Tucson, Arizona

Charles Erickson, Associate Director for Operations, ORD, Tucson, Arizona

Roger Haskell, M.D., Deputy Director, Portland Area Indian Health Service, Portland, Oregon

James Justice, M.D., Chief, Community Health Medic Program, ORD, Tucson, Arizona

Robert Marsland, Area Director of Training, Phoenix Area Indian Health Service, Phoenix, Arizona

Jerry Meketon, Ph. D., Chief, Mental Health Technician Training Program, DWTC, Tucson, Arizona

Ralph Myhre, Chief, Community Health Representative Training Program, DWTC, Tucson, Arizona

Nadine H. Rund, Ph. D., Training Consultant, Management Training and Field Assistance, DWTC, Tucson, Arizona

Irving H. Schlafman, Chief, Management Training and Field Assistance, DWTC, Tucson, Arizona

Vicki Shulock, Staff Assistant, Management Training and Field Assistance, DWTC, Tucson, Arizona

Guy W. Steuart, Ph. D., Professor and Chairman, Department of Health Education, School of Public Health, University of North Carolina, Chapel Hill, North Carolina

Rozina Taylor, Clerk-Typist, Management Training and Field Assistance, DWTC, Tucson, Arizona

Dean F. Wilson, Civil Service Commission Representative to the Indian Health Service, Management Training and Field Assistance, DWTC, Tucson, Arizona

Group	1	
Interview	5	0

Hello, I-we are _____ _____. We're with the Indian Health Service management training course that is working in the Santa Clara Pueblo this week.

We're examining how people working for the Indian Health Service and the Santa Clara Tribe are providing Health Services. The Santa Fe office of the Indian Health Service is responsible for providing care for people in many different pueblos. We are concerned with how the Indian Health Service can find out what the people in Santa Clara really want.

We want to ask you and others in the Pueblo some questions about health services and problems. We plan to make report about what we learned to the Indian Health Service and your Tribal leaders next week.

Demographic Data

Sex - . . . . . _____

Q How old are you (age)? - . . . . . _____

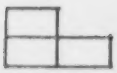
Q What is your job? - . . . . . _____

Q How many people live in your house? - . . . . . _____

Date - . . . . . _____

Time - . . . . . _____

Interviewer - . . . . . _____



Ten Health Services

1. Health Education - teaching people about things they can do at home to stay healthy.

2. Sanitation - providing safe water supply and better waste disposal.

3. Facilities - providing good hospital and clinic buildings and equipment to care for sick people.

4. Personnel - making sure there are enough doctors, nurses, and other health workers to meet the health needs of Santa Clara.

5. Personnel Attitudes - making sure doctors, nurses, and other health workers really understand your health problems.

6. Transportation - providing a way to get to the clinic.

7. Emergency care - making sure people who have accidents or sudden sickness are taken care of quickly.

8. Chronic care - taking care of illnesses which require constant treatment (e.g., diabetes, high blood pressure, T.B.)

9. Preventive medicine - examing people who feel well, mothers, children, and adults to prevent them from getting sick.

10. Alcoholism program - counseling and treating people who have drinking problems.

Group Interview

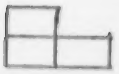
B. Family Perceived Health Problems

1 The next thing I would like is if you could tell me:

a. what sort of health problems your own family has? (after each response ask)
b. who is the first person that you could go to for help with this problem?
c. do you usually go to this person for help?
d. when you go, are you happy with how you are taken care of?

(After each question, ask: Are there any other needs of your family?)

a. Needs (List)	b. Whom (Name or place)	c. Yes or No	d. Satis-faction (Yes or No and Comments)

Group Interview 

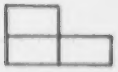
C. Community Perceived Health Problems

1 2 3 4 5 We would like to know what the main health problems of the community are. What do you think the four main helath problems of people in Santa Clara Pueblo are?

a. What person(s) could help with this problem?

b. Are these people usually helpful?

Needs (List 4 or Less)	a. Whom (Name or Place)	b. Satisfaction (Yes or No and Comments)

Group Interview 

1 2 3 4 5 1. If you had an idea for improving health services, who would you talk to about it?

1 2 3 4 2. When a person is sick and goes to the clinic or hospital, who explains his disease and treatment to him?

1 2 3 4 5 3. When someone comes to you with a health problem, who do you send them to? If anyone:

1 2 3 4 5 4. Who do you take complaints about health services to?

1 2 3 4 5 5. Do you think you have influence on programs or policies that affect health of the Santa Clara people?

A lot ☐ Some ☐ None ☐

2 3 4 5 6. Do the other people you work with to provide health services agree with you about what the four main health problems of the community are?

2 3 5 7. In your work, who refers people to you?

2 3 4 5 8. Who brings complaints about health services to you?

2 4 5 9. When problems with your job come up, who do you ask for help?

First_____ Second_____

2 4 5 10. Who is your boss?

2 4 11. Who assigns your duties?

2 4 5 12. Who has the greatest influence on what you do?

2 4 5 13. Which of your fellow workers do you have the greatest influence on?

2 3 4 5 14. Who do you supervise?

2 4 5 15. Who evaluates your performance?

2 4 5 16. What barriers, if any, prevent you from doing your job?

2 3 4 5 17. Can you tell if your health program is successful?

2 3 4 5 18. Where do you get the information to make that judgment?

a. Feedback from Santa Fe Service Unit Staff.
b. Statistics on morbidity.
c. Feedback from individual tribesmen.
d. Feedback from Tribal health workers.
e. Feedback from Tribal officials.
f. Feedback from Health Board
g. Other

2 4 5 19. Whose performance are you responsible for evaluating?

2 3 4 5 20. Can you initiate changes in your health program?

2 3 4 5 21. How do you go about mak ng changes?

2 3 4 5 22. What do you think the people of Santa Clara Pueblo FEEL the four main health problems are?

(List maximum of four)

a. _____

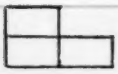
b. _____

c. _____

d. _____

2 3 4 5 23. In your opinion, where do Santa Clara Pueblos health needs fit among the needs of the other 12 pueblos in the Santa Fe Service Unit?

_____1. High (1st 3)
_____2. Middle (2nd 6)
_____3. Low (last 3)
_____4. Equal
_____5. Don't Know

Group Interview 

2 4 24. I am going to name some types of tasks. I want you to tell me what percent of your job you spend doing each of them.

Type of Task	0-25%	25-50%	50-75%	75-100%
Diagnosis & Treatment				
Preventive Services				
Follow-up				
Supervision & evaluation of personnel				
Planning				
Secretarial				
Janitorial & Maintenance				
Health Education				
Written reporting to supervisor				
other				

APPENDIX XII, D: Post Coding Form for Health Service Rating

	1
	2
	3
	4
Group #	5
Interview # 1st digit	6
Interview # 2nd digit	7
# responses Question A.a.	8
# responses Question A.b.	9
# responses Question A.c.	10
# responses Question A.d.	11
Health Education Importance (Col 2)	12
Health Education Satisfaction (Col 3)	13
Sanitation Importance (Col 4)	14
Sanitation Satisfaction (Col 5)	15
Facilities Importance (Col 6)	16
Facilities Satisfaction (Col 7)	17
Personnel Importance (Col 8)	18
Personnel Satisfaction (Col 9)	19
Attitudes Importance (Col 10)	20
Attitudes Satisfaction (Col 11)	21
Transportation Importance (Col 12)	22
Transportation Satisfaction (Col 13)	23
Emergency Care Importance (Col 14)	24
Emergency Care Satisfaction (Col 15)	25
Chronic Care Importance (Col 16	26
Chronic Care Satisfaction (Col 17)	27
Preventive Care Importance (Col 18)	28
Preventive Care Satisfaction (Col 19)	29
Alcoholism Importance (Col 20	30
Alcoholism Satisfaction (Col 21)	31